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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GOMES INSURANCE & ACCOUNTING CORP

Account Number : I20200000161 rnone : (954)531-1451 Fax Number : (954)607-0677

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN MR BORING CORP

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3,

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION:	MR BORING CO	RP		
DOCUMENT NUMBER: P2100				
The enclosed Articles of Amenda	ent and fee are st	abmitted for filing.		
Please return all correspondence of	oncerning this ma	atter to the following:		
PAULO G	OMES			
		Name of Contact Person	on	
GOMES IN	ISURANCE & A	CCOUNTING CORP		
		Firm! Company		
240 LOCK	RD			
		Address		
DEERFIEL	D BEACH, FL 3	3442		
		City/ State and Zip Co	de	
FLAVIA@	GOMESINS.CO	М		
E-mai	l address: (to be ਪ	sed for future annual repo	rt notification)	
For further information concerning	g this matter, plea	se call:		
PAULO GOMES		954 at (8801103	
Name of Contact P	erson	Area C	ode & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
	75 Filing Fee & ficate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status	
Mailing Addres Amendment Sec Division of Соп P.O. Box 6327 Tallahassee, FL	tion porations	Amen Divisi The C 2415	t Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Articles of Amendment to Articles of Incorporation of

MR BORING CORP	
•	ly filed with the Florida Dept. of State)
P21000091952	
(Document Number o	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4275 SW Tenth Ct
	Deerfield Beach, FL 33442
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida str	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	:
I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
Signature of New R	egistered Agent, if changing
Check if applicable	

Add

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doc, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change PT John Doc X Remove V Mike Jones $X \wedge dd$ SVSally Smith ---Type of Action Title Name <u>Addres</u>s (Check One) 1) ____ Change ____ Add ___ Remove 2) ____ Change _____ Add __ Remove 3) ____ Change ____ Add ____ Remove 4) ____ Change Add ____ Remove 5) ____ Change ____ Add ____ Remove 6) ____ Change

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)		
		····	
f an amendment provides for an exc	sange, reclassification, or can	scellation of issued shares.	
provisions for implementing the amount	ndment if not contained in th	ne amendment itself:	
(if not applicable, indicate N/A)			
<u></u>			

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file d	ate)
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirent Department of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sha	rcholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the sufficient for approval.	
	pproved by the shareholders through voting groups. The following entitled to vote separately on the amendation	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		J
	(voting group)	
Dated	12212024	
selec	director, president or other officer – if directors or officers hated, by an incomprator – if in the hands of a receiver, trustee, inted fiduciary by that fiduciary)	ve not been or other court
	MARIA ROBERTA DA SILVA	
	(Typed or printed name of person signing)	day to the company of the first terms of the company of the compan
	PRESIDENT	
	(Title of person signing)	