

To: 18506176380 Page: 1/2 From: Registered Agents, Inc. Fax: 8134365206
Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H230004095943AEC3

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

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

Email Address: _____

2023 NOV 30 PM 4:36

REGISTERED AGENT CHANGE
TAKE FORM DEVELOPMENT INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

FILED
2023 NOV 30 PM 1:54
SECRETARY OF STATE

Electronic Filing Menu Corporate Filing Menu Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Take Form Development Inc.

2. The principal office address: _____

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/09/21 Document number: P21000103104

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

FOUTZ, TAYLER
2557 Lakewalk Cove 10-301
Casselberry, FL 32707

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Northwest Registered Agent LLC
7901 4th St N STE 300
St. Petersburg FL 33702
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Taylor Newman

Signature of an officer or director

Taylor Foutz - CEO

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Taylor Newman

Signature of Registered Agent

11/30/2023

Date

If signing on behalf of an entity:

Taylor Newman

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

Nov 30 2023 15:23 KTomes 9545310570
11/30/23, 10:21 AM

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Division of Corporations

P230000070951

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H23000409053A00

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To: Division of Corporations
Fax Number : (850)617-6388

From: Account Name : KTORRES SERVICES CORP
Account Number : 120230000111
Phone : (954)388-8755
Fax Number : (954)858-5117

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

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
BAITAZ CORP

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$43.75

Electronic Filing Menu Corporate Filing Menu Help

2023 NOV 30 PM 1:37

FILED
2023 NOV 30 PM 1:54
CORPORATION STATE
TALLAHASSEE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BAITAZ CORP

DOCUMENT NUMBER: P23000080951

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KAROLINA TORRES
Name of Contact Person

KTORRES SERVICES CORP
Firm/ Company

201 SE 15TH TER STE 211
Address

DEERFIELD BEACH FL 33441
City/ State and Zip Code

KTORRES@KTORRESSERVICES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAROLINA TORRES at (954) 380-0755
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

BAITAZ CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P23000080951

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

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**)*

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street 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 with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

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

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 = Chief Executive 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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change	<u>MGR</u>	<u>ALEXANDRE M BENJO</u>	<u>9170 GLADES RD # 189</u>
<input type="checkbox"/> Add			<u>BOCA RATON FL 33434</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP</u>	<u>SOLANGE MANDEL FRIED</u>	<u>9170 GLADES RD # 189</u>
<input type="checkbox"/> Add			<u>BOCA RATON FL 33434</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>MGR</u>	<u>ELI DJAMENT BAUMFLEK</u>	<u>9170 GLADES RD # 189</u>
<input type="checkbox"/> Add			<u>BOCA RATON FL 33434</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>P</u>	<u>JONAS M BENJO</u>	<u>9170 GLADES RD # 189</u>
<input checked="" type="checkbox"/> Add			<u>BOCA RATON FL 33434</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

Dated 11/30/2023

Signature *Alexandre M. Benjo*

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ALEXANDRE M BENJO

(Typed or printed name of person signing)

MGR

(Title of person signing)