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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Oxpeck Pro, Inc.			
DOCUMENT NUME			*	
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Samuel Stern			
	<del></del>	Name of Contact Persor	1	
	Oxpeck Pro, Inc.			
		Firm/ Company		
	14125 Palm St. #8			
	Address			
	Madeira Beach, FL 33708			
	<del></del> .	City/ State and Zip Code	e	
	sam@oxpeck.com			
		sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:at (	、497-0714	
Name :	of Contact Person	at ( Area Co	) de & Daytime Telephone Number	
	r the following amount made		,	
■ \$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)	
Amo Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to

Articles of Incorporation of

	7022 5=	·
(Name of Corporation as cu	rrently filed with the Florida Dept. of States	12 Pil 4: 07
(Document Nur	mber of Corporation (if known)	<u> </u>
ursuant to the provisions of section 607.1006, Florida Statute s Articles of Incorporation:	s, this Florida Profit Corporation adopts the fo	llowing amendment(s)
. If amending name, enter the new name of the corporati	ion:	
		The new
ame must be distinguishable and contain the word "corporation." or Co.," or the designation "Corp," "Inc," or "C chartered," "professional association," or the abbreviation	o". A professional corporation name must	
. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS		
	<u> </u>	<del></del>
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7.7.7.7.
. If amending the registered agent and/or registered office		
new registered agent and/or the new registered office a	ddress:	
Name of New Registered Agent		
(Flo	rida street address)	
New Registered Office Address:	. Florida	
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am far		ition.
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)

Example:

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.

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	xe Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	Р	Samuel Stern	14125 Palm St. #8
Add			Madeira Beach, FL 33708
Remove			
2) Change			
Add			<del>.</del>
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	······································		
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change( (Be specific)			
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		· <del></del>		
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		<del></del>		
•			-	
<u>If an amendment provides for an excl</u>	iange, reclassificati	ion, or cancellation	of issued shares,	
provisions for implementing the ame	ndment if not cont	ained in the amend	lment itselt:	
(if not applicable, indicate N/A)				

•

The date of each amendmen date this document was signe		, if other than
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 30 days after amenament fite date)	
	this block does not meet the applicable statutory filing requirements, the Department of State's records.	nis date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we action was not required.	ere adopted by the incorporators, or board of directors without shareholde	r action and shareholder
	ere adopted by the shareholders. The number of votes cast for the amendovere sufficient for approval.	nent(s)
	ere approved by the shareholders through voting groups. The following stated for each voting group entitled to vote separately on the amendment(s)	
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
,	(voting group)	
11/ <del>2</del> °	2/2022	
Dated		
Signature _	Samulat 1	
•	By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary)	
	Samuel Stern	
•	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	

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the