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SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV 19 PH 1: 09



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	ORATION: MS Powerplatform	Conferences, Inc.			
DOCUMENT NUM	1BER: P22000020270	<u>.</u>			
	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	respondence concerning this ma	tter to the following:			
	Jeffrey T. Beatty				
		Name of Contact Person	<u> </u>	•	
	Law Offices of Jeffrey T. Bea	atty, LLC			
		Firm/ Company		-	
	20 Water Street	·			
		Address		•	
	Guilford, CT 06437				
		City/ State and Zip Code	3	•	
shirley.brothers@gmail.com			2	20	
	E-mail address: (to be us	sed for future annual report	notification)	Z CR	24 NC
For further informati	on concerning this matter, pleas	se call:		ECRETARY OF STATE TALLAHASSEE, FL 	2024 NOV 19 PM 1: 09
Jeffrey T. Beatty		at ( 203	453-4399		2
Name	of Contact Person	Area Coo	) 453-4399 de & Daytime Telephone Numbe		••
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	J. A. S.	9
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ar	ailing Address nendment Section vision of Corporations	Amend	Address ment Section n of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

MS Powerplatform Conferences Inc.

(Name of Corporat	ion as currently filed with the Florida	Dont of State)	<del></del>
P22000020270	non as currently med with the Fibrida	Dept. of State)	
(Docu	ment Number of Corporation (if known)	<u> </u>	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corporati	ion adopts the follow	wing amendment(s) to
A. If amending name, enter the new name of the c	corporation:		
NextGen PPCC Events, Inc.			The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	," or "Co". A professional corporate	ated" or the abbrevi ion-name-must-car	ation "Corp.,"
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 BO)  D. If amending the registered agent and/or registered agent and/or the new registered Mane of New Registered Agent	ered office address in Florida, enter th	e name of the	SILCRETTARY OF STATE
-	(Florida street address)		
New Registered Office Address:	(City)	, Florida	tip Code)
	(Cip)	įz	лр Соае)
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept the oblig	ations of the positio	vn.
Sign	nature of New Registered Agent, if chang	ging	

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	$\underline{PT}$	<u>John Doe</u>	
$\underline{X}$ Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			<del></del>
2) Change			SEC 2024
Add			TALL
Remove 3) Change			SECRETARY OF P
Add			BSET S
Remove			PH 1: 09  ACSEE: FILE  FILE  ACSEE: FILE  AC
4) Change			
Add			
Remove			<del></del>
5) Change			
Add			<del></del>
Remove			
6) Change		<del></del>	<del>-</del>
Add			
Remove			

Attach additional sheets, if necessary). (Be specific)		
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	TP CO	T 10 PM 1: 09
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	HASSEE, FL	~ []
	ill u	<u> </u>
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	in S	1:0
(if not applicable, indicate N/A)	7 A	30
	1	
	<del></del>	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date bepartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were action was not required.	opted by the incorporators, or board of directors without shareholder acti	on and shareholder
☐ The amendment(s) was/were as by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amendment ufficient for approval.	(s)
must be separately provided fo	proved by the shareholders through voting groups. The following statem reach voting group entitled to vote separately on the amendment(s):	vent
	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
Novembe Dated Signature	Shirley Brothers	SECRETALY OF TALLAHASSE
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	TALAHASSEE,
	Shirley Brothers	SEE S
	(Typed or printed name of person signing)	F STATE
	President	
	(Title of person signing)	