Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000311975 3)))



H220003119753ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

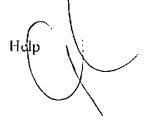
	Division of Corporations	
32	Fax Number : (850)617-6380	
2022 SEP -9 PH 3:	From: Account Name : RASI Account Number : I20220000023 Phone : (800)221-2972 Fax Number : (917)243-5843 **Enter the email address for this business entity to be used annual report mailings. Enter only one email address ple Email Address:	

COR AMND/RESTATE/CORRECT OR O/D RESIGN INFINITY INNOVATIVE COATINGS CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



To:

Articles of Amendment to Articles of Incorporation of

INFINITY INNOVATIVE COATINGS CORP		
(Name of Corporation as co	urrently filed with the Florida Dept. of State)	
P22000066306		
(Document Nu	umber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following ame	ndment(s) to
A. If amending name, enter the new name of the corporat	ţion:	
	_ The	new
name must be distinguishable and contain the word "corporati "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	Co". A professional corporation name must contain the	orp" word
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>		2(
		10022 SI
		SEP
C. Enter new mailing address, if applicable:	70 · .	شي ا
(Muiling address MAY BE A POST OFFICE BOX)		<u> </u>
	m::	
		7
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		
Name of New Registered Agent		
name by new negational new		
	lorida street address)	
	·	
New Registered Office Address:	(City) , Florida (Cip Code)	
	(ciny) (ciny)	
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am far	uniliar with and accept the obligations of the position.	
Sionature of	f 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)

To:

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

P = President; V= Vice President; T= Treusurer; 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>John</u>	n Doe		
X Remove	<u>V</u> <u>Mik</u>	e Jones		
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
II X Change	D	Martin McGovern	24 DARLING ST,	
Add			ENNISKILLEN, N. IRELAND	
Remove			IE BT747-DR IE	
21 Change			2022 SEP	-
Add				
Remove 3) Change				ı
Add			8. C	J
Remove			1	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove			<u> </u>	
6) Change				
Add				
Remove				

famending or adding additional Article Attach additional sheets, if necessary).	(Be specific)		
			-
			-
			_
			_
			_
			-
			-
			-
			_
			-
		202	-
		2 SE	e
	•) i	
		SOT.	()
		C	_
		<u> </u>	-
		::: →	
f an amendment provides for an exchar	nge, reclassification, or cancellation of issued shares Iment if not contained in the amendment itself:	<u>s.</u>	
(if not applicable, indicate V/A)	ment it not contained in the amendment uses.		
			-
			_
			-
			-
			-
			-

The date of each amendment(s) date this document was signed.	adoption:	if o	ther tha	n 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 l	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	l not be	listed a	is 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 shareholder action and	l sharehe	older	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	<u>.</u> .	2022 SEP -9	~ * ?:41
	pproved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	INCLAHASSEE,	<u>-</u> 9	
The number of votes ca	st for the amendment(s) was/were sufficient for approval	ŠÉÉ	A	
by	(voting group)		8: 17	
09/08/20. Dated	22	·		
Dignature	Martin McGovern			
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)			
	Martin McGovern			
	(Typed or printed name of person signing)			
	Director			
	(Title of person signing)			