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To:

Division of Corporations

Fax Number

: (850)617-6380

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To;

Tallahassee, FL 32303

## COVER LETTER

TO: Amendment Sect Division of Corpo				
NAME OF CORPOR	ATION: ADLER RENNSF	ORT CORP		
	BER: P22000091139			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	atter to the following:		
	Gerrard Grant, Esq.			
•		Name of Contact Person	n	<del>-</del> .
	Aventus Law Group, PLLC			<u>}:</u> :-
•		Firm/ Company		_ ; 
	1095 W. Morse Blvd, Suite 2	200		芸.
·		Address		
	Winter Park, FL 32789			్ట్రెట్ ఇంట్
•		City/ State and Zip Cod	e	- ,47,
	ggrant@aventuslawgroup.co.	m		
•	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Gerrard L. Grant		at ( 321	250-3577	
Name o	f Contact Person	Area Co	de & Daytime Telephone Numb	er
Enclosed is a check for	the following amount made	payable to the Florida Depa	artinent of State;	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amer Divis P.O.	ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee V. Monroe Street, Suite 810	

To:

## Articles of Amendment to Articles of Incorporation of

ADLER RENNSPORT CORP				
(Name	of Corporation as curren	tly filed with the Florida Dept, o	f State)	<del></del>
P22000091139				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, thi	s Florida Profit Corporation adop	ts the following amendmen	ıt(s) to
A. If amending name, enter the new r	nme of the corporation:			
N/A			W	
name must be distinguishable and contai "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp," "Inc," or "Co".	A professional corporation nam	e must contain the word	
B. Enter new principal office address, if applicable;		9751 DELEGATES DRIVE	2024 13	C-T-Park
(Principal office address MUST BE A S	STREET ADDRESS)	UNIT 200	AR AR	
		ORLANDO, FL 32837	3/2 <b>3</b>	i r Leann
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	(E) H (O) 3	
D. If amending the registered agent as	nd/or registered office add	dress in Florida, enter the name	of the	
new registered agent and/or the ne				
Name of New Registered Agent	AVENTUS LAW GROU	JP, PLLC	·	
	1095 W. MORSE BLVD, SUITE 200			
	(Florida s	treet address)		
New Registered Office Address:	WINTER PARK		, Florida	
		(Clty)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agen tered agent. I am familiar	t: with and accept the obligations of	the position.	
	Signature of New I	Registered Agent if changing		

Check if applicable

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

From: Amal Bello

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:

To:

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:

X_Change	PT	John Doe			
X Remove	<u>v</u>	Mike Jones			
_X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>∧ddres</u> s		
1) N/A Change	_		<del></del>	2024 HAR	
Add					**************************************
Remove 2) N/A Change				3 <b>14</b> 10	
Add				MID: 33	(1998)
Remove 3) N/A Change					
Add			·		
Remove  N/A Change					
Add			<del></del>		
Remove 5) N/A Change				<del></del>	
Add			-		
Remove  N/A Change					
Add					
Remove					

From:	Amai	Bello
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Fax: 13212503577

To:

Fax: (850) 617-6380

Page: 6 of 7 03/1

03/13/2024 3:39 PM

(Attach additional sheets, if necessary). (Be specific)	
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	2024 HAR I
	24 H
	<u></u>
	—————————————————————————————————————
	jair -
	SEE AND
	· · ·
f an amendment provides for an exchange, reclassification, or cancell	ation of issued shapes
provisions for implementing the amendment if not contained in the ar	mendment itself:
(if not applicable, indicate N/A)	
(if not applicable, Indicate N/A)	

From: Amal Bello

Fax: 13212503577 To:

Fax: (850) 617-6380 Page: 7 of 7 03/13/2024 3:39 PM

The date of each amendment(s)	N/A ndoption:	, if oti	ner than	the
date this document was signed.  N/  Effective date if applicable:	'A			
Zanocaro dato <u>A Rabbito do lo</u>	(no more than 90 days after amendment file date)	<del></del>	_	
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 widepartment of State's records.	ll not be !	isted as	the
Adoption of Amendment(s)	(CHECK ONE)			
■ The amendment(s) was/were as action was not required.	dopted by the incorporators, or board of directors without shareholder action and	d sharehol	der	
☐ The amendment(s) was/were ac by the shareholders was/were	Inputed by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	, ; :	202	
must be separately provided fo	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):  It for the amendment(s) was/were sufficient for approval	TALLAHASSEE	2024 MAR 13 A	
by	(voling group)		AM 10: 33	
03/11/202 Dated	4		ω	
Signaturo(By a c solocti	Ivan M Aren  Envision M Aren  Illrector, 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 court nted fiduciary by that fiduciary)  IVAN M. ARON			
			<del></del>	•
	(Typed or printed name of person signing) CFO			
	(Title of person signing)		_	