From: Lisa Shuman

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.

Account Number : I19990000015 Phone : (727)461-1111

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

Email:	Address:			
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COR AMND/RESTATE/CORRECT OR O/D RESIGN SIRIUS SLEEP SYSTEMS, INC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help



To:

Articles of Amendment to Articles of Incorporation of

SIRIUS SLEEP SYSTEMS, INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P22000093531	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" A "chartered," "professional association," or the abbreviation "P.A"	The new ompany," or "incorporated" or the abbreviation "Corp." professional corporation name must contain the word
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	8
	<i>y</i>) <u>=</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	🦠 بې
(Matting address MAT BE A FOST OF FILE BOA)	<u></u> ω
	-
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
	at indiance)
New Registered Office Address:	, Florida City)
·	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered Agent, if changing
Check if applicable The amendment(s) is/are being tiled pursuant to s. 607.0120 (11) (c)	r), F.S.

From: Lisa Shuman

Fax: 17274611111

Fnx: (850) 617-6380

Page: 4 of 5

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:

Ĭο.

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: XChange	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addreş</u> s	
1) Change	VP	CADEN CLAUSSE	13013 SEMINOLE BLVD	
X Add	-		SUITE #1022	7023
Remove			LARGO, FL 33778	2023/OCT 18
2) Change				<u>~</u>
Add			Ş.;	문
Remove 3) Change			·	<u>ب</u>
Add				_
Remove				
4) Change				
Add				
Remove				_
5) Change				
Add				
Remove				_
6) Change			,	
Add				
Remove				

famending or adding additional Art Attach additional sheets, if necessary)	(Be specific)		
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an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	: <u> </u>	-
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:		
(g not approxime, material mit)			
		<u></u>	
		 	

From: Lisa Shuman Fax: 17274611111 70: Fax: (850) 517-6380 Page: 6 of 6 10/18/2023 10:15 AM

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 a)	fter amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable state. Department of State's records.	autory filing requirements, this date	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of	directors without shareholder action	and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number sufficient for approval.	of votes cast for the amendment(s)	
	approved by the shareholders through vot for each voting group entitled to vote sept		
"The number of votes co	ast for the amendment(s) was/were suffici	ent for approval	
by	(voting group)		20
	(voting group)		23 00
Dated	10-18-2023		1023 OCT 18
Dated			
Signature	Justin Com	<u> </u>	
selec	a director president or other officer – if dieted, by an incorporator – if in the hands of the fiduciary by that fiduciary)	irectors or officers have not been	MH 9: 1
abh	JUSTIN CLAUSSE		ω
	(Typed or printed name of	person signing)	
	President		
	(Title of person signing)		