

P23000000894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

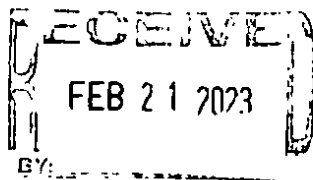
(Business Entity Name)

(Document Number)

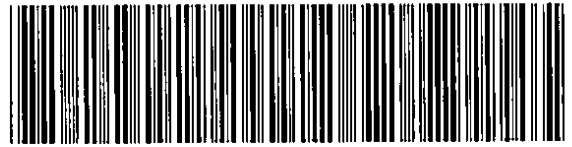
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 10, 2023

TIANA KENNEDY  
6335 HYPERION DR  
PORT RICHEY, FL 34668

SUBJECT: OLEW CORP  
Ref. Number: P23000000894

2023 JUN - 5 11 03 AM

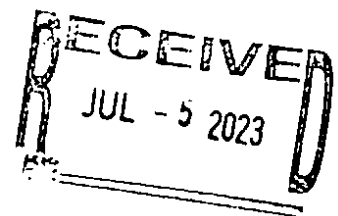
We have received your document for OLEW CORP, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 523A00010641



Articles of Amendment  
to  
Articles of Incorporation  
of

(Name of Corporation as currently filed with the Florida Dept. of State)

OLEW CORP

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

The new

*name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_

\_\_\_\_\_ 277

\_\_\_\_\_

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_ 51

\_\_\_\_\_

\_\_\_\_\_ 01

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

**Check if applicable**

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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)

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.

Example:

X Change                      PT      John Doe

X Remove                    V      Mike Jones

X Add                        SV      Sally Smith

| Type of Action<br>(Check One)              | Title       | Name                    | Address                      |
|--|-------------|-------------------------|------------------------------|
| 1) <input type="checkbox"/> Change         | <u>PRES</u> | <u>TIANA M. KIMPSON</u> | <u>6335 HYPERION DR</u>      |
| <input type="checkbox"/> Add               |             |                         | <u>PORT RICHEY, FL 34668</u> |
| <input checked="" type="checkbox"/> Remove |             |                         |                              |
| 2) <input type="checkbox"/> Change         | <u>PRES</u> | <u>TIANA M. KENNEDY</u> | <u>6335 HYPERION DR</u>      |
| <input checked="" type="checkbox"/> Add    |             |                         | <u>PORT RICHEY, FL 34668</u> |
| <input type="checkbox"/> Remove            |             |                         |                              |
| 3) <input type="checkbox"/> Change         |             |                         |                              |
| <input type="checkbox"/> Add               |             |                         |                              |
| <input type="checkbox"/> Remove            |             |                         |                              |
| 4) <input type="checkbox"/> Change         |             |                         |                              |
| <input type="checkbox"/> Add               |             |                         |                              |
| <input type="checkbox"/> Remove            |             |                         |                              |
| 5) <input type="checkbox"/> Change         |             |                         |                              |
| <input type="checkbox"/> Add               |             |                         |                              |
| <input type="checkbox"/> Remove            |             |                         |                              |
| 6) <input type="checkbox"/> Change         |             |                         |                              |
| <input type="checkbox"/> Add               |             |                         |                              |
| <input type="checkbox"/> Remove            |             |                         |                              |

(Attach additional sheets, if necessary). (Be specific)

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

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02/17/2023

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

02/17/2023

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_  
(voting group)

02/17/2023

Dated \_\_\_\_\_

Signature Tiana Kennedy  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

TIANA M. KENNEDY

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

2023-02-17 15:01