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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: VISUALIZE (ONE INC.		
DOCUMENT NUMBI	ER:P23000003974	<u> </u>		<u> </u>
The enclosed <i>Articles o</i>	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
		Sonia Becc	erra	
_	·	Name of Contact	Person	
		Swyft Fili	ngs	
_		Firm/ Compa	my	
		3 Greenway I	Plaza #	/ 1320
_		Address		<u> </u>
		Houston, TX	77046	
_		City/ State and Zi	ip Code	
	visua	alizecenter@	gma	iil.com
_	E-mail address: (to be us	sed for future annual	report i	notification)
	concerning this matter, pleas		877	777-0450
	at (
Name of	f Contact Person	A	rea Cod	e & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florid	la Depa	rtment of State:
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing For Certified Copy (Additional copy enclosed)		☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. I	ing Address ndment Section ion of Corporations Box 6327 hassee, FL 32314	[Amendr Division The Ce 2415 N	Address nent Section n of Corporations ntre of Tallahassee Monroe Street, Suite 810 ssee, Fl. 32303

Articles of Amendment Articles of Incorporation of

VISUALIZE ONE INC.

|--|

P23000	0003974	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation ado	ots the following amendment(s)
A. If amending name, enter the new name of the corporation:		
	1200	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation nan	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
		2023
C. Enter new mailing address, if applicable:	-	PR 10
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
) 2: 49
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address		••••
Name of New Registered Agent		
(Florida s.	treet address)	
New Registered Office Address:	, 1	Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		of the position.
X Signatury of New	Registered Agent, if changing	
Signature of tvew.	negmereu agem, y enunging	

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	<u>PT</u> <u>Je</u>	<u>ohn Doc</u>	
X Remove	<u>V</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
(Check One) 1) Change	TRE	KELVIN GAILYARD	1601-1 N MAIN ST #3159
Add			JACKSONVILLE, FL 32206
X Remove			
2) Change	TRE	Ashontwonique Gailyard	1601-1 N MAIN ST #3159
X			JACKSONVILLE, FL 32206
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

маси <i>ишинион</i>	adding additional Art al sheets, if necessary).	(Be specific)				
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				_		
<u>f an amendme</u>	nt provides for an exc	hange, reclassificat	<u>ion, or cancellatio</u>	on of issued share:	<u>S,</u>	
provisions for	implementing the am	endment if not cont	tained in the amer	idment itself:		
(у погарр	licable, indicate N/A)					
					_	
			 .			
			<u> </u>		<u>. </u>	
						- <u>-</u> .
						

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The date of each amendment(s) adoption	on: 03/27/2023	if other than the
date this document was signed.		
Effective date if applicable:		. <u></u> -
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Department.	loes not meet the applicable statutory filing requirements, this dent of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes east for the amendment for approval.	t(s)
	by the shareholders through voting groups. The following statem voting group entitled to vote separately on the amendment(s):	vent
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	
by	·	
	(voting group)	
Dated 3-31-2023		
Signature <i>kelu</i>	in gailyard r, president of other officer – if directors or officers have not been	<u></u>
(By a director	 r, profident of other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other cou 	i art
	luciary by that fiduciary)	
-	Kelvin Gailyard (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
CEC		
	(Title of person signing)	