P23600000 9835

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TO: Amendment Section

Division of Cor	rporations		•	
NAME OF CORPO	ORATION: COMPRESSIONS	TOCKINGS.COM, INC.		
	IBER: P23000009835			
The enclosed Article	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	Owen Joseph Murtagh			
		Name of Contact Persor	1	
	COMPRESSIONSTOCKING	GS.COM, INC.		
		Firm/ Company		
	1887 sw mooring dr			
	- · · · · ·	Address		
	palm city, FL 34990			
	City/ State and Zip Code			
	ojmurtagh@aol.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informat	ion concerning this matter, plea	se call:		
Owen Murtagh		at (6065000	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	irtiment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ailing Address		Address	
Amendment Section		Amendment Section		
	ivision of Corporations O. Box 6327	Division of Corporations The Centre of Tallahassee		
	allahassee, FL 32314		N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

COMPRESSIONSTOCKINGS.COM, INC.					
(Name of Corpora	ation as curre	ntly filed with the Flo	rida Dept. of State)		
P23000009835					
(Doc	ument Number	r of Corporation (if kn	own)		
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, th	is Florida Profit Corp	poration adopts the following	ig ameno	lment(s) to
A. If amending name, enter the new name of the	corporation:				
N/A				_The i	(triba)
name must be distinguishable and contain the word "lnc.," or Co.," or the designation "Corp," "In "chartered," "professional association," or the abl	ic," or "Co".	A professional corp		on "Cor _l	p., "
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		n/a			
		n/a	**************************************	202	_
		n/a		833	- cn c
		n/a		24 /	327
		n/a			_; 1 ;
	n/a	1.53	10		
D. If amending the registered agent and/or regis new registered agent and/or the new registere			er the name of the		
Name of New Registered Agent n/a				_	
n/a					
	(Florida	street address)		-	
New Registered Office Address: n/a			. Florida		
		(City)	(Zip	Code)	
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	Registered Age 1. I am familia	ent:		Som /	

Signature of 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)

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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	DT1	Owen Joseph Murtagh	1887 sw mooring drive
x Add			palm city, FL 34990 5 23 44
Remove			<u> </u>
2) Change			t. Liter t. B
Add			:: = = = = = = = = = = = = = = = = = =
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
n/a			
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	173	=	
provisions for implementing the amendment if not contained in the amendment itself:			
(if not applicable, indicate N/A)			
n/a			_
			-
			_
			-
			-
			-
			-

·· · · · · · · The date of each amendment(s) adoption	02/10/2023 i:	if other than the
date this document was signed. 02/10/2023		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block do document's effective date on the Departmen	bes not meet the applicable statutory filing requirements, this nt of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholder ac	ction and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment for approval.	nt(s)
must be separately provided for each vo	by the shareholders through voting groups. The following state of the group entitled to vote separately on the amendment(s): amendment(s) was/were sufficient for approval	3FEB 24
02/10/2023	(voting group)	VIIII: OI
selected, by an	president or other officer – if directors or officers have not bee incorporator – if in the hands of a receiver, trustee, or other cociary by that fiduciary)	
Owen J	Joseph Murtagh	
	(Typed or printed name of/person signing)	