## P23000011898

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S. ROBERTS

AUG 0 7 2023

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Free Social Inc		<del></del>
DOCUMENT NUM	IBER: P23000011898		
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	Logan T Whitcomb		
		Name of Contact Persor	1
	Free Social Inc		
	-	Firm/ Company	· · · · · · ·
	5605 Durant Rd		
		Address	
	Dover, Florida 33527		
		City/ State and Zip Code	t
	lwhitcomb570@gmail.com		
		sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	690-7992
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section			Address ment Section
Amenament Section Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassec, FL 32314			entre of Tallahassee
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

## Articles of Amendment to Articles of Incorporation of

Free Social Inc		·	
\ <u></u>	itly filed with the Florida Dept. of State	<u>t</u> )	
23000011898		<u></u>	
(Document Number	of Corporation (if known)		
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the	following amendment	
. If amending name, enter the new name of the corporation:			
he Whitcomb Corp		The new	
ame 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 name mus	breviation "Corp"	
. Enter new principal office address, if applicable:	937 E Brandon Blvd Suite 6		
Principal office address <u>MUST BE A STREET ADDRESS</u> )	Brandon, FL 33511		
	United States		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	937 E Brandon Blvd Suite 6	2023 5	
	Brandon, FL 33511	1 2	
	United States	- <del>-</del>	
		14	
. If amending the registered agent and/or registered office ad			
new registered agent and/or the new registered office addre	ss:	.அ ப	
Name of New Registered Agent			
(Florida )	street address)	<del></del>	
Ex 1100 state :			
New Registered Office Address:	, Florida		

## 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, an
 (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 = Chie 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	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) X Change	PTD 	Logan T Whitcomb	
Add			
Remove			
2) Change	<u> </u>	Christopher L Whitcomb	5605 Durant Rd
XAdd		····	Dover, Florida 33527
Remove 3) Change			United States
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add		<del></del>	
Remove			
6) Change			
Add		<del></del>	
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
·	
	<u> </u>
····	
·	
an amendment provides for an exchorovisions for implementing the amen (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	<del></del>
	<del></del>
	1.00 - 1.00

. . . .

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	6/12/2023
The date of each amendment(s) date this document was signed.	adoption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
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 will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were account to the transfer of the tr	opted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	
	(voting group)
6/10/2023	
Dated	
Signature M	lirector, president or other officer – if directors or officers have not been
selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Logan T Whitcomb
	(Typed or printed name of person signing)
	President, Treasurer, Director
	(Title of person signing)