## P23000017135

Office Use Only



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SECRETAIN OF STATE
TALL AHASSEE, FL

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	PRATION: UVEXSING				
DOCUMENT NUM	IBER: P23000017135				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Wanda Viola Puder				
	Name of Contact Person				
	UVEXS INC				
	Firm/ Company				
	PO Box 1407				
		Address			
	North Bend, OR 97459				
		City/ State and Zip Cod	2		
	wanda_puder@uvexs.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati Wanda Puder	on concerning this matter, plea	408	691-8350		
Name	of Contact Person	at (	)de & Daytime Telephone Number		
Enclosed is a check t	or the following amount made				
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 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 Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

SECRETALLAPING SEE, I'L

## **Articles of Amendment** to Articles of Incorporation of

UVEXS INC		
( <u>Name</u> (	of Corporation as curren	ntly filed with the Florida Dept. of State)
P23000017135		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
-		Th
	Corp," "Inc," or "Co".	The new "company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word 1."
B. Enter new principal office address,	if annlicable:	Wanda Puder, President
(Principal office address <u>MUST BE A S</u>		93679 Bishop Ln
		North Bend, OR 97459-8630
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Wanda Puder, President  PO Box 1407  North Bend, OR 97459-0089  Idress in Florida, enter the name of the
		Wanda Puder, President  PO Box 1407
		North Bend, OR 97459-0089
		Idress in Florida, enter the name of the
new registered agent and/or the new	v registered office addre	ess:
Name of New Registered Agent	Northwest Registered Ag	gent LLC (This was changed already but not recor
	7901 4th St N, Suite 300	
	(Florida s	street address)
New Registered Office Address:	St. Petersburg	. Florida 33702
New Negatiered Office Houses,		(City) (Zip Code)
New Registered Agent's Signature, if c		
I hereby accept the appointment as regist	ered agent. I am familiai	r with and accept the obligations of the position.
	Signature of News	Registered Agent, if changing
	oignature of New	regimereu agent, ij 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	PT Job	nn Doe		
X Remove	<u>V</u> <u>Mi</u>	ke Jones		
X Add	<u>SV</u> <u>Sal</u>	ly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	Р	ALLEN B PUDER	4977 SW 74th Ct	
Add			Miami, FL 33155-447 UN	
Remove 2) Change	VP	WANDA PUDER	4977 SW 74TH Ct.	
Add			Miami, FL 33155-447 UN	
X Remove 3) Change	PTS	WANDA V PUDER	PO Box 1407 = 5	) )
X Add			PO Box 1407	=
Remove 4) Change	v	BENJAMIN FUNSTEN	PO Box 1407 SS C S	
X Add		****	North Bend, OR 97459-0089	
Remove				
Add				
Remove				
6) Change	<del></del>			
Add				
Remove				

	<u> </u>
Article VI	
Name and address of the incorporator is:	
Wanda V Puder	- · · · · · · · · · · · · · · · ·
93679 Bishop Ln	·
North Bend. OR 97459-8630	
. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	1. 038
(if not applicable, indicate N/A)	CRE FALL
	<del></del>
<del></del>	AYSEE, FL
	<u></u>
	<u>ال</u> نــــــــــــــــــــــــــــــــــــ

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment afficient for approval.	(s)
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	Wands Viola Pul	
Signature	irector, president or other officer - if directors or officers have not been	
selecte	d. by an incorporator – if in the hands of a receiver, trustee, or other couted fiduciary by that fiduciary)	
	Wanda Viola Puder	(0
	(Typed or printed name of person signing)	2023 HAY SECRET
	(Title of person signing)	-9 PH 1: 48 ARY OF STATE HASSEE, FL