P23000027460

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COVER LETTER

TO: Amendment Section Division of Corporations

a - a • a.

NAME OF CORPORATION: RESTORATION	CONTROL OF LAKE NONA CORP				
DOCUMENT NUMBER: P23000027460					
The enclosed Articles of Amendment and fee are	submitted for filing.				
Please return all correspondence concerning this r	natter to the following:				
BRANDON P BARRIGA					
	Name of Contact Person				
RESTORATION CONTROL OF LAKE NONA CORP					
	Firm/ Company				
10806 TILSTON POINT					
	Address				
ORLANDO, FL 32832					
	City/ State and Zip Code				
harrigb7@gmail.com					
	used for future annual report notification)				
For further information concerning this matter, plo					
Name of Contact Person	at (321) 3244912 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:				
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	-				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

Articles of Amendment to Articles of Incorporation

	of
RESTORATION CONTROL OF LAKE NONA CORE	FILE
(Name of Corporation	on as currently filed with the Florida Dept. of State.
P23600027460	ent Number of Corporation (if known) Chirly
•	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Acticles of Incorporation:	Statutes, this Florida Profit Corporation adopte to Sello Wing amendment(s) t
A. It amending name, enter the new name of the cor	rporation:
	The new
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word viation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>Y</u> ;
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
·	(Florida street address)
New Registered Office Address:	Florida
· · · · · · · · · · · · · · · · · · ·	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	i <mark>stered Agent:</mark> I am familiar with and accept the obligations of the position.
s nervoy accept the appointment as registered agent. The	am jumitar 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) (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 PΤ John Doe X Remove V Mike Jones X Add SVSally Smith Type of Action Title <u>Name</u> **Address** (Check One) VP CHRISTIAN PEREZ 5060 FOUR STRAND CT 1) ____ Change X SAINT CLOUD, FL 347712 Add ____ Remove 2) ____ Change Add _ Remove 3) ____ Change ___ Add ____ Remove 4) ____ Change Add ____ Remove 5) _____ Change Add ____ Remove 6) Change Add ____ Remove

amending or adding additional Arti.ttach additional sheets, if necessary).	(Be specific)
•	
an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
rovisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	·

The date of each amendment(s) ad	option:		• · · · ·
date this document was signed.			
Effective date if applicable:	(no more than 00	days after amendment file date;	
	(no more man 90	says after amenament file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applica partment of State's records.	able statutory filing requirements, this da	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adoption was not required.	oted by the incorporators, or bo	oard of directors without shareholder actio	on and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The ficient for approval.	number of votes cast for the amendment(s	3)
The amendment(s) was/were appropriately provided for experience.	oved by the shareholders throu ach voting group entitled to vo	ugh voting groups. The following stateme ote separately on the amendment(s):	nı
"The number of votes east f	or the amendment(s) was/were	sufficient for approval	
by		•	
	(voting group)		
Dated OS	23/24 124	·	
	etor, president or other office	r – if directors or officers have not been	
selected,	by an incorporator - if in the i	hands of a receiver, trustee, or other court	
appointe	d fiduciary by that fiduciary)		
_	Brandon	Ballian ame of person signing)	
	(Typed or printed na	nme of person signing)	
_	President		
	(Title of person sign	ing)	