

P23000031410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

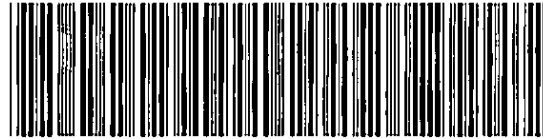
(Document Number)

Certified Copies \_\_\_\_\_

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2023 OCT -6 PM 12:52

ALLAHASSEE, FLORIDA

10/06/23 --01001--024 \*\*210.00

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DISPATCH

ALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

35

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** BROOK 10/6

**CERTIFIED COPY**

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**INC AMEND**

1. **EVOLVE 49 INC**  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Articles of Amendment  
to  
Articles of Incorporation  
of

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EVOLVE 49 INC

(Name of Corporation as currently filed with the Florida Dept. of State) SEE. FLORIDA

P23000031410

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Parag Shah  
4614 AVENUE LONGCHAMPS  
(Florida street address)

New Registered Office Address: LUTZ, Florida 33558  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

Parag Shah  
Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), 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:

☒ Change                      PT        John Doe

☐ Remove                      V        Mike Jones

☒ Add                              SV        Sally Smith

| Type of Action<br>(Check One)                 | Title    | Name               | Address                         |
|---|----------|--------------------|---------------------------------|
| 1) <input type="checkbox"/> Change            | <u>P</u> | <u>NIRAV PATEL</u> | <u>6185 CENTRAL AVE</u>         |
| <input type="checkbox"/> Add                  |          |                    | <u>ST. PETERSBURG, FL 33710</u> |
| <input checked="" type="checkbox"/> Remove    |          |                    |                                 |
| 2) <input checked="" type="checkbox"/> Change | <u>P</u> | <u>Parag Shah</u>  | <u>6185 CENTRAL AVE</u>         |
| <input type="checkbox"/> Add                  |          |                    | <u>ST. PETERSBURG, FL 33710</u> |
| <input type="checkbox"/> Remove               |          |                    |                                 |
| 3) <input type="checkbox"/> Change            |          |                    |                                 |
| <input type="checkbox"/> Add                  |          |                    |                                 |
| <input type="checkbox"/> Remove               |          |                    |                                 |
| 4) <input type="checkbox"/> Change            |          |                    |                                 |
| <input type="checkbox"/> Add                  |          |                    |                                 |
| <input type="checkbox"/> Remove               |          |                    |                                 |
| 5) <input type="checkbox"/> Change            |          |                    |                                 |
| <input type="checkbox"/> Add                  |          |                    |                                 |
| <input type="checkbox"/> Remove               |          |                    |                                 |
| 6) <input type="checkbox"/> Change            |          |                    |                                 |
| <input type="checkbox"/> Add                  |          |                    |                                 |
| <input type="checkbox"/> Remove               |          |                    |                                 |

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

[illegible]

**F. 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:**

(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

Dated 10/06/2023 \_\_\_\_\_

Signature

Parag Shah

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Parag Shah

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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