Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000034815 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

23

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

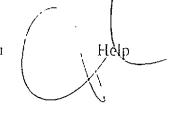
mail	Address:	
IIII	nuuress.	

COR AMND/RESTATE/CORRECT OR O/D RESIGN FLORIDA OFFICE MANAGEMENT INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



1/26/2024 11:55:17 FST

To: 18506176380

Page: 2/5

From Registered Agents Inc.

Fax: 8134365206

Articles of Amendment Articles of Incorporation \mathbf{of}

FLORIDA OFFICE MANAGEMENT INC		
(<u>Name of Corpora</u>	tion as currently filed with the Florida	Dept. of State)
P23000037591		
(Doct	iment Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Flori ts Articles of Incorporation;	da Statutes, this Florida Profit Corporati	on adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:	
FLORIDA OFFICE MANAGEMENT INC		The new
name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	" or "Co". A professional corporati	nted" or the abbreviation "Corp.," on name must contain the word
3. <u>Enter new principal office address, if applicab</u> Principal office address <u>MUST BE A STREET AL</u>		2024 21:11 2/5
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	<u>OX</u>)	: 1.9
). If amending the registered agent and/or regist new registered agent and/or the new registere		e name of the
Name of New Registered Agent		
	(Florida street address)	
		, Florida
New Registered Office Address:	tCity)	(Zin Code)

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

Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

 \square The amendment(s) is/are being filed pursuant to s, 607.0120 (11) (e), F.S.

1/26/2024 11:55:17 PST

Example:

To: 18506176380

Page: 3/5

From Registered Agents Inc.

Fax: 8134365206

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT Joi	nn Doe		
X Remove	<u>V</u> <u>Mi</u>	ke Jones		
X Add	<u>SV</u> <u>Sa</u>	lly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	2024 J.T.
1) Change	D, P. T	CYRUS REZVANIAN	10565 ARCOLE CRT	
Add			WELLINGTON, FL 33449	<u>ත</u>
✓ Remove				:
2) Change	Secretary	PAOLA MICHELLE	10565 ARCOLE CRI	
Add			WELLINGTON, FL 33449	-
Remove 3) Change	D, P, S, T	CYRZ INVESTMENT LP	7 COPELAND ST	
_ ✓ Add			EAST YORK, ONTARIO, M	14G 3E7
Kemove			CA	
4) Change				
Add				
Remove				
5) Change			******	
Add				
Remove				
6) Change	·		 	
Add				
Remove				

1/26/2024 11.55:17 PST

To: 18506176380

Page: 4/5

From: Registered Agents Inc.

Fax: 8134365206

E. If amending or adding additional Articles, enter change(s) here. (Attach additional sheets, if necessary) (Be specific) 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 NA)

1/26/2024 11:55 17 PST

The date of each amendment(s) adop date this document was signed.	if other than the	
Effective date if applicable:		
<u>, p</u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	c does not meet the applicable statutory filing requirements, this date will truent of State's records.	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	I by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	d by the shareholders. The number of votes cast for the amendment(s) ient for approval.	
☐ The amendment(s) was/were approve must be separately provided for each	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	2 024 J.T. 26
by	<u> </u>	
	(voting group)	26
Dated_01/25/2024		∏ ₩
Signature (Rendirect	Pr. 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 duciary by that fiduciary)	
CYF	RUS REZVANIAN	
 -	(Typed or printed name of person signing)	
Pres	sident	
	(Title of person signing)	