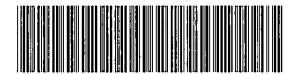
P2300037591

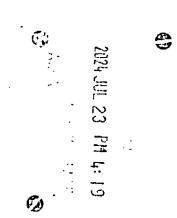
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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07/23/24--01010--008 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FLORIDA OFFICI	E MANAGEMENT INC.	
DOCUMENT NUMB	ER: P23000037591		
	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	CYRUS REZVANIAN		
		Name of Contact Person	
		Firm/ Company	
	10565 ARCOLE COURT		
		Address	
	WELLI NGTON, FLORIDA	· <u> </u>	
		City/ State and Zip Code	?
	CYRUS@MYSTORAGE.CA	١	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
CYRUS REZVANIA	V	at (7298000 de & Daytime Telephone Number
Name (of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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)
Amo Divi P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Inhassee, FL 32314	Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FLORIDA OFFICE MANAGEMENT INC.				
(Name of Corporation as curren	tly filed with the Florida [Dept. of State)		
P23000037591				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporatio	n adopts the follo	wing amend	ment(s) to
A. If amending name, enter the new name of the corporation:				
C.R. TRADING INVESTMENT INC.			The n	wv
name 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 corporatio	ed" or the abbrev n-name-must-co.	iation "Corp).,
B. Enter new principal office address, if applicable:	10565 ARCOLE COURT, WELLINGTON			
(Principal office address MUST BE A STREET ADDRESS)	FLORIDA, 33449		· · · · · · · · · · · · · · · · · · ·	_
		-		_
				_
C. Enter new mailing address, if applicable:	10565 ARCOLE COU	RT, W <mark>Է</mark> ՆLINGT	ON	9
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	FLORIDA, 33449	· · · · · · · · · · · · · · · · · · ·	7024	_
	150111711.5510	•	<u> </u>	_
		<u> </u>		_
D. If amending the registered agent and/or registered office ad	drace in Marida antar tha	name of the	ω _	
new registered agent and/or the new registered office address		name or me	3 2	
Name of New Registered Agent		:	-	
vame of New Registered Agent		CA	ف	
	treet address)			
·		5 1		
New Registered Office Address:	(City)	, Florida	Zip Code)	
	(0.5)	,		
New Registered Agent's Signature, if changing Registered Ager	<u>nt:</u>			
I hereby accept the appointment as registered agent. I am familian	with and accept the obligation	tions of the positi	on.	
Signature of New	Registered Agent, if changi	ng		

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: \underline{X} Change	PT	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>e</u>	<u>Addres</u> s	
I) Change		_			
Add					
Remove					
2) Change					
Add					
Remove 3) Change					
Add					
Remove					
4) Change		<u>-</u>			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add		-			
Remove					

, , , ,	cles, enter change(s) here: (Be specific)	
		· <u>·</u> ·
		
		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
		<u> </u>
		charac
If an amendment provides for an excl	lange, reclassification, or cancellation of issued	SHALLS.
If an amendment provides for an excl provisions for implementing the ame	nange, reclassification, or cancellation of issued adment if not contained in the amendment itse	<u>f:</u>
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued indirect if not contained in the amendment itse	<u>f:</u>
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued andment if not contained in the amendment itse	<u>f:</u>
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued indirect if not contained in the amendment itse	<u>f:</u>
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued ndment if not contained in the amendment itse	<u>f:</u>
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued indirect if not contained in the amendment itse	<u>f:</u>
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued indicated in the amendment itse	<u>f:</u>
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued indirect if not contained in the amendment itse	<u>f:</u>
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued indicated in the amendment itse	<u>f:</u>
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued indirect if not contained in the amendment itse	<u>f:</u>
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued indirect if not contained in the amendment itse	<u>f:</u>

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	LY 05 2024	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	Jan
	(no more than 90 days after amenament file	aute)
Note: If the date inserted in this I document's effective date on the D	block does not meet the applicable statutory filing require epartment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without sl	nareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for thufficient for approval.	ne amendment(s)
	proved by the shareholders through voting groups. The for each voting group entitled to vote separately on the amen	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
JULY 05 1	2024	
Dated		
Signature (Pun)		
selecte	lirector, president or other officer – if directors or officers ed, by an incorporator – if in the hands of a receiver, truste need fiduciary by that fiduciary)	
	CYRUS REZVANIAN	
	(Typed or printed name of person signing)	
	PRESIDE NT	
	(Title of person signing)	

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