P23000040899

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A. BUTLER NOV 1 3 2023

COVER LETTER

Division of Corporations NAME OF CORPORATION: KA-PEACH STACK P230000 40899 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Hashae Barclay
Name of Contact Person

HA-Peach Staffing of Cleaning Co. Inc

Firm/Company

2319 S HWY 77 Lynn Haven unit 1302

Address 32444 City/ State and Zip Code For Kabeach LC · com
l'address: (to be used for future annual report notification) For further information concerning this matter, please call: at (916) 856 ÷ 4896 Area Code & Daytime Telephone Number Kashae Baiclay
Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Mailing Address

☐ \$35 Filing Fee

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

□\$43.75 Filing Fee &

Certificate of Status

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of

0	
ha-reach Staffing & Cla	sing Company Inz D
(Name of Corporation as current	tly filed with the Florida Dept. of the telly - 1
9 P23000040899	24231704 - 1 PH 4: 42
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
ha-Peach Staffing & Cleaning 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.	I professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2015 Wilkinson Street unit 4 Panama City Beach:
	FL 32408
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2319 S Hwy 77 unit 1302 Lynn Haven FL
	32444
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent	
(Florida si	treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	<u>t:</u> with and accept the obligations of the position.
Signature of New 1	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	<u>PT</u>	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>	Address
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
A dd			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
· · · · · · · · · · · · · · · · · · ·		
	<u> </u>	
110 0		
ran amenument provides for an exclusion provisions for implementing the amount of the second control of the se	nange, reclassification, or cancellation and ment if not contained in the amen	n of issued shares, dment itself:
(if not applicable, indicate N/A)		<u> </u>
1-1-1		
	<u>-</u>	
		<u> </u>

The date of each amendment(s) adoption: September 29, 2021 . if other than the date this document was signed.
Effective date if applicable:
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_ 10.28.3023
Signature
(Title of person signing)