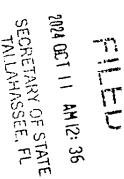
# P23000053969

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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10/11/24--01010--023 \*\*35.00



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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: Equip-Test, Inc	. <del></del>		
DOCUMENT NUN	D22000053060			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	atter to the following:		
	Joseph M Danielle			
	Name of Contact Person			
		Firm/ Company		
	2800 Aurora Rd, Ste C			
		Address	-	
	Melbourne, FL 32935	935		
	e .	S S		
	joe@daniellebusiness.com			
		sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		SECRETARY OF STATE TALLAHASSEE, FL
Joseph M Danielle		at ( 321	751-2400	STA
Name	of Contact Person	Area Co	de & Daytime Telephone Number	- LE
Enclosed is a check t	or the following amount made	payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C	Address  Iment Section on of Corporations Jentre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

### Articles of Amendment to Articles of Incorporation of

Equip-Test, Inc			
(Name of Corporation as currently filed with the Florida Dept. of State)			
P23000053969			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	ring amendm	ent(s) to	
A. If amending name, enter the new name of the corporation:			
	77		
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrevia "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must con- "chartered," "professional association," or the abbreviation "P.A."			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
<u></u>			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	10	~3	
	<u> </u>	024	
		2024 OCT    AM 12: 36	•
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	TARY OF AHASSEI	_	1
new registered agent and/or the new registered office address:	ASS ASS		-
Name of New Registered Agent	_ 流위	<u>=</u>	1
	ST/	ζ.	
(Florida street address)	— <del>- Z</del> E	36	
New Registered Office Address:			
(City)	ip Code)		
New Registered Agent's Signature, if changing Registered Agent:			
Thereby accept the appointment as registered agent.—I am familiar with and accept the obligations of the position	7.		
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.			

# 41000 41000 10000

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)

Example:

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.

X Change	<u>PT</u>	John Doe		
$\underline{X}$ 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	S	Joseph M Danielte	4185 Windover Way	_
X Add			Melbourne, FL 32934	<u>.</u>
Remove				
2) Change				_
Add				-
Remove Change				_
Add			SEO	202
Remove			AL CRE	2024 OCT
4) Change			AHA	
Add			TARY OF STANASSEE,	2
Remove				AM 12: 36
5) Change		_ ·	ATE.	<u>8</u>
Add				<del>-</del>
Remove				
6) Change				-
Add				-
Remove				

۸,

The day of each constant of A al	10/01/2024	16 J. J. J.
The date of each amendment(s) addate this document was signed.	option:	if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this doartment of State's records.	ate will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder act	ion and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes cast for the amendment ficient for approval.	(s)
	oved by the shareholders through voting groups. The following staten each voting group entitled to vote separately on the amendment(s):	vent
"The number of votes cast t	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
10/01/2024 Dated		
(By a di selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other could fiduciary by that fiduciary)	
	Zoltan Kadar	FAR T
•	(Typed or printed name of person signing)	38.4
	President	TARY OF STAHASSEE,
-	(Title of person signing)	: 36 FL

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