## P23000060457

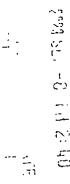
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Mistructions to Filmig Officer.

Office Use Only



500415120675

09/08/23--01016--003 \*\*52.50



M

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: CROWNGLOBE I	ne.	-	
DOCUMENT NUMP	BER: P23000060457			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	HITESHRI PATOLIA			
	Name of Contact Person			
	CROWNGLOBE Inc.			
		Firm/ Company	<del></del>	
	110 ATSION WAY	• •		
		Address		
	CHESTERFIELD NJ 08515			
		City/ State and Zip Code		
		City State and Zip Code		
	info@crownglobe.com			
	E-mail address: (to be us	ed for future annual report	notification)	i i
				· <u>·</u> ·
For further information	n concerning this matter, pleas	se call:		. •
DIXITA DESAI		848 at (	2484300	
Name (	of Contact Person	Area Coo	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depc	ortment of State:	ب بربو
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

CROWNGLOB	Œ	Inc.
-----------	---	------

CROWNGLOBE Inc.			
(Name o	f Corporation as currentl	y filed with the Florida Dept. of State)	
P23000060457			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
NOT APPLICABLE			The new
	orp," "Inc," or "Co"	company," or "incorporated" or the abbrev. Eprofessional corporation name must co.	iation "Corp.,"
B. Enter new principal office address, i	f annlicable:	NOT APPLICABLE	
(Principal office address MUST BE A ST			
		<del></del>	
C. Enter new mailing address, if applie (Mailing address MAY BE A POST C		NOT APPLICABLE	
			- G
D. If amending the registered agent and new registered agent and/or the new			1 3
· · · · · · · · · · · · · · · · · · ·	NOT APPLICABLE	Ė	مني است.
<u>Name of New Registered Agem</u>	TOTAL ELEMANT.	<del> </del>	\ ~\
			····
	(Florida str	vet address)	
New Registered Office Address:		, Florida (City)	Zip Code)
		įCiny i	ир Соце)
New Registered Agent's Signature, if ch			
I hereby accept the appointment as registe	ered agent. I am familiar s	with and accept the obligations of the position	on.
	Signature of New R	egistered Agent, if changing	-
Check if applicable			

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

address of each Offic (Attach additional she Please note the officer P = President; V = Vic Executive Officer; CFC President, Treasurer, a Changes should be not a change. Mike Jones	er and/or 1 ets, if neces /director tit ce Presiden () = Chief F Director wo ted in the fo leaves the c	Director being added; (sary) (le by the first letter of the office title; (it; T= Treasurer; S= Secretary; D= Directions) (it) Time officer of the officer of the ould be PTD, (it) Ollowing manner. Currently John Doe is	eetor: TR= Trustee: C = Chairman or Clerk: CEO = Chief olds more than one title, hist the first letter of each office held.  listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change,
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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	KUNAL DESAI	7901 4TH ST N STE 300
X Add			ST PETERSBURG, FL. US 33702
Remove			<del> </del>
2) Change			
Add			
Remove 3 ) Remove			
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change			
Add			
Remove			

6) \_\_\_\_ Change

\_\_\_\_ Add

\_\_\_\_ Remove

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
OT APPLICABLE		
or much block but		
	<del></del>	
	<del></del>	<del></del>
	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
		<u></u>
<del></del>		
		<del> </del>
		<del></del>
		<u> </u>
If an amendment provides for an excl	nange, reclassification, or cancellation of issued shares.	SE KORP
provisions for implementing the amo	ndment if not contained in the amendment itself:	5.6
(if not applicable, indicate N/A)		7.7
***		- · · · · · · · · · · · · · · · · · · ·
		C.
		· · · · · · · · · · · · · · · · · · ·
		-
		-
		-
OT APPLICABLE		-
		-
		-
		-
		-

The date of each amendment(s)	09-01-2023 adoption:	if ather than the
date this document was signed.		, if other than me
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<del></del>
<b>Note:</b> If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date we Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action a	nd shareholder
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
09-01-20. Dated	23	
Signature <u>H</u>	·Vik	
(By a selec	director, president or other officer – if directors or officers have not been sed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	_
	HITESHRI PATOLIA	
	(Typed or printed name of person signing)	<u>I</u> T.
	TREASURER	<del>-</del>
	(Title of person signing)	<del></del> .