# 23000070446

(Requestor's Name)
(Address)
(Address)
(1000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Booding Milania)
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02/14/25--01001--010 \*\*35.00

2025 FEB 17 AM 8: 47

RECEIVED

## CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### WALK IN

	PICK UP:	2/14 MEGHAN
	CERTIFIED COPY	<u> </u>
XX	РНОТОСОРУ	
	CUS	
XX	FILING	INC AMEND
1.	FLORIDA BUSINESS NOW (CORPORATE NAME AND DOCUMEN	
2.	(CORPORATE NAME AND DOCUMEN	T #)
3.	(CORPORATE NAME AND DOCUMEN	ΥΓ#)
4.	(CORPORATE NAME AND DOCUMEN	YI: #)
5.		
6.	(CORPORATE NAME AND DOCUMEN	~~ (*)
••	(CORPORATE NAME AND DOCUMEN	TI #)
SPECIAI	. INSTRUCTIONS:	

#### **COVER LETTER**

\* TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	FLORIDA B	USINESS NOW	V INC.	
DOCUMENT NUMBER:	P230000	70446		
The enclosed Articles of Amenda	nent and fee are su	bmitted for filing.		
Please return all correspondence o	concerning this ma	tter to the following	ng:	
		DePaul Fox	worth	
		Name of Conta	act Person	1
		Firm/ Con	npany	
	120	77 Pioneers W	•	3302
		Addre	SS	
		ORLANDO, F	L 32832	!
		City/ State and	Zip Cod	2
	dep	oaulf@gmail.co	om	
E-mai	l address: (to be us	sed for future annu	ual report	notification)
For further information concernin	g this matter, plea	se call:		
DePaul Foxwor	th	at (	504	402-5285
Name of Contact I	Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ring amount made	payable to the Flo	rida Depa	artment of State:
-	.75 Filing Fee & ificate of Status	S43.75 Filing Certified Cop (Additional co- enclosed)	ny N	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 entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Corrected

Letter Number: 425A00003380



February 17, 2025

CORPORATE ACCESS

SUBJECT: FLORIDA BUSINESS NOW INC.

Ref. Number: P23000070446

We have received your document for FLORIDA BUSINESS NOW INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT BENEFIT CORPORATION, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

5002 cto 17 th 5:10

#### Articles of Amendment to Articles of Incorporation of



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NOW INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

AM 8: 47

(Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporati</i> its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  SKIP THE STARTUP INC.	בטוקט
A. If amending name, enter the new name of the corporation:	ion adopts the following amendment(s)
SKIP THE STARTUP INC.	
	The new
ame must he distinguishable and contain the word "corporation," "company," or "incorpora Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporati chartered," "professional association," or the abbreviation "P.A."	tted" or the abbreviation "Corp.," ion name must contain the word
Principal office address MUST BE A STREET ADDRESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  1800 PEMBROC	OK DR.
ORLANDO, FL 33	2810
D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:  Name of New Registered Agent	
Thank of the meganited agent	
(Florida street address)	
New Registered Office Address:	. Florida
(City)	(Zip Code)

#### Check if applicable

 $\square$  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 Doc	: :	
X Remove	<u>V</u>	Mike Jon	<u>es</u>	
<u>X</u> Add	<u>sv</u>	Sally Smi	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>	Ì	<u>Name</u>	<u>Addres</u> s
1) Change		<del></del> -		
Add				
Remove				<del></del> -
2) Change				
Add				
Remove 3 ) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change			<u> </u>	
Add				
Remove				
6) Change			-	
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Remove				

	adding addition al sheets, if neces	ssary). (Be s	specific)				
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f an amendme	ent provides for :	an exchange.	reclassificatio	n, or cancellati	on of issued shar	es.	
provisions for	implementing th	he amendmer	nt if not conta	ined in the ame	ndment itself:	<del></del>	
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	adoption:		, if other than the
date this document was signed.			
Effective date if applicable:			
	(no more than 90 da	ys after amendment file date)	
<b>Note:</b> If the date inserted in this document's effective date on the l	block does not meet the applicable Department of State's records.	e statutory filing requirements, thi	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or boar	d of directors without shareholder	action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The nu sufficient for approval.	mber of votes east for the amendm	nent(s)
must be separately provided for	pproved by the shareholders through	e separately on the amendment(s):	
"I he number of votes ca	st for the amendment(s) was/were so	ufficient for approval	B 17
	(voting group)		AM 8: 47
Dated	2/16/2025	_	<b>% 4.7</b> PATE ORIDA
Signature	/s/ DePaul Foxworth		
(By a selec	director, president or other officer- ted, by an incorporator – if in the ha inted fiduciary by that fiduciary)		
	DEPAUL FOXWORTH		
	(Typed or printed name	ne of person signing)	<del></del>
	PRESIDENT		
	(Title of person signin	g)	