P24000000 688

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Dosiness Endry Name)
(Document Number)
Certified Copies Certificates of Status
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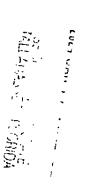
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2024 JAN 17 PH 12: 49



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	Phason, Inc.		
	MBER: P24000000688		
The enclosed Artic	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	atter to the following:	
	Jami Coleman		
		Name of Contact Person	1
	Coleman Law Practice, P.A.		
		Firm/ Company	
	2898 Mahan Drive Suite 4		
		Address	<u> </u>
	Tallahassee, Florida 32308		
		City/ State and Zip Code	c
	jami@coleman.law		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa	ttion concerning this matter, plea	se call:	
Jami Coleman		at (<u>850</u>	688-8651
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 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 2.O. Box 6327 Callahassec, FL 32314	Amend Divisio The Co 2415 N	Address ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment Articles of Incorporation of

(Name of Corpora	tion as currently filed witl	the Florida Dept. of State)		
Phason, Inc				
(Doct	ment Number of Corporati	on (if known)		
Pursuant to the provisions of section 607.1006, Floridist Articles of Incorporation:	da Statutes, this <i>Florida Pro</i>	ofit Corporation adopts the follo	wing amendmen	nt(s) to
A. If amending name, enter the new name of the	corporation:			
			The new	
name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	c," or "Co". A professio			
B. Enter new principal office address, if applicab	le:	2	202	
(Principal office address <u>MUST BE A STREET AD</u>			= 1	
				
				1
C. Enter new mailing address, if applicable:		ග්ර ආර්	PH	1 7
(Mailing address MAY BE A POST OFFICE B	<u>OX</u>)	ي أمر	<u>, 15</u>	,
			1 9	
	- , ,		<u>, f</u>	
D. If amending the registered agent and/or regist	ered office address in Flor	rida, enter the name of the		
new registered agent and/or the new registered	d office address:			
Name of New Registered Agent				
	(Florida street address)			
V D : 100 AU		***		
New Registered Office Address:	(City)	, Florida	Zip Code)	
	. ,,	·	•	
New Registered Agent's Signature, if changing Re				
I hereby accept the appointment as registered agent.	I am familiar with and ac	cept the obligations of the position	on.	
Sie	nature of New Registered A	gent, 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)

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
l) X Change	Ъ	_	Traylon Ray	2510 N Monroe Street Suite A
Add		_		Tallahassee, FL 32303
Remove				
2) Change		_	Travis Ray, Jr.	2510 N Monroe Street Sutite A
Add				Tallahassee, FL 32303
X Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)		
-		
f an amendment provides for an excl	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	Chance if the contained in the amendment user.	
		- <u>-</u>

٠.,

Effective date if applicable:	December 27,2023	, if other than t
	(no more than 00 t	
Note: If the date income	(no more than 90 days after amena	lment file date)
document's effective date on the	this block does not meet the applicable statutory filing to Department of State's records.	• •
and date off th	e Department of State's records.	g requirements, this date well
Adoption of Amendment(s)	(0)	date will not be listed as the
	IL DALK AND	
action was action with a constant was action with a constant was action which was action	adopted by the incorporators, or board of directors w	
action was not required.	. The incorporators, or board of directors w	ithout should be
The amendments		and shareholder action and shareholder
by the shareholder	adopted by the shareholders. The number of votes can sufficient for approval.	
was/were	sufficient for approval.	st for the amendment(a)
must be separately provided to	approval. spproved by the shareholders through voting groups. or each voting group entitled to vote separately on the	
J Provided J	or each voting group entitled to vote sengrately	The following statement
"The number of votes car	pproved by the shareholders through voting groups. or each voting group entitled to vote separately on the	e amendment(s):
by	st for the amendment(s) was/were sufficient for appro	leval
		•41
	(voting group)	, n
January 16	2024	
Dated_	, 2024	
	tests	
There	4109	
There	1X Jm6/PkX (NiBp/hox)	
Signature By a di	ICCIOI Drocida	
Signature By a di	Toolog	ore b
Signature By a di	Toolog	ers have not been
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Signature 10 awared (By a di selected appointe	Toolog	ers have not been istee, or other court
Signature 10 awared (By a di selected appointe	rector, president or other officer - if directors or offic l, by an incorporator - if in the hands of a receiver, tn ed fiduciary by that fiduciary) Kenyetta Ray	ers have not been istee, or other court
Signature (By a di selected appointe	rector, president or other officer – if directors or offic, by an incorporator – if in the hands of a receiver, to fiduciary by that fiduciary)	ers have not been ustee, or other court
Signature (By a di selected appointe	rector, president or other officer – if directors or office, by an incorporator – if in the hands of a receiver, trued fiduciary by that fiduciary) Kenyetta Ray (Typed or printed name of person size.)	ers have not been ustee, or other court