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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: SPRAY FOAM ONE XPERTS INC DOCUMENT NUMBER: P24000004931 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **DENNYS J BOLANOS CUBAS** Name of Contact Person SPRAY FOAM ONE XPERTS INC Firm/ Company 2720 35TH AVE NE Address NAPLES, FL 34120 City/ State and Zip Code FPSERVICESNAPLES@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; DENNYS I BOLANOS CUBAS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee ☐\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SPRAY FOAM ONE XPERTS INC	SPR	AV	FOAS	A ONE	XPERTS	INC
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(Name of Corporation	n as currently filed with the Florida Dept. of State)
P24000004931	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	poration:
	The new
name must be distinguishable and contain the word "corp" Inc.," or Co.," or the designation "Corp," "Inc," of chartered," "professional association," or the abbrevi	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word iation "P.A."
3. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	<i></i>
D. If amending the registered agent and/or registered	
new registered agent and/or the new registered of	ffice address:
Name of New Registered Agent	<u> </u>
	(Florida street address)
New Registered Office Address:	, Florida
	(24)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. To	stered Agent: am familiar with and accept the obligations of the position.
Sionati	ture of New Registered Agent, if changing

Check if applicable

 \Box 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 Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	CARLOS A. RIVERA MEDINA	2720 28TH AVE SE
Add		-	NAPLES, FL 34117
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additi	or adding additional a onal sheets, if necessar	y). (Be specific)				
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If an amend	ment provides for an coor implementing the a	xchange, reclassifi	ication, or cancell	lation of issued s	<u>hares,</u>	
(if not c	pplicable, indicate N/A)	ontained in the a	mendment usen	<u>·</u>	
					<u> </u>	
		-				

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	02/01/2024	
The date of each amendment(s)	adoption:	, if other than
date this document was signed.		
	2/01/2024	
Effective date <u>if applicable</u> :	/ / 001 6 1 .011.1	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	idopted by the incorporators, or board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ea	ist for the amendment(s) was/were sufficient for approval	
by	, , , , , , , , , , , , , , , , , , , ,	
•	(voting group)	
02/01/20		
Dated		
Signature		_
	director, president or other officer – if directors or officers have not been	•
	eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	-
аррс	inted Haticiary by that Haticiary)	
	CARLOS A. RIVERA MEDINA	-
	(Typed or printed name of person signing)	
	VICE-PRESIDENT	
	(Title of person signing)	