## P24000016896

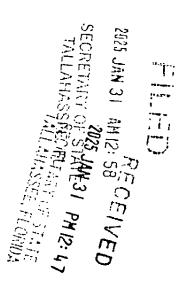
| (Requestor's Name)                       |
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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

| NAME OF CORPO  | RATION: WHITE LABELE                        | DINC  |  |   |  |
|--|---|---|--|---|--|
| DOCUMENT NUM   | BER:P24000016896                            |   |  |   |  |
|  | s of Amendment and fee are su               | bmitted for filing.   |  |   |  |
| Please return all corre  | espondence concerning this ma               | tter to the following:  |  |   |  |
|  | KIMBERLY VALLIN                             |   |  |   |  |
|  |   | Name of Contact Person  |  | <del></del>   |  |
|  | WHITE LABELED INC                           |   |  |   |  |
|  |   | Firm/ Company   |  | <del></del>   |  |
|  | 1572 LONG ST                                |   |  |   |  |
|  | <del></del>                                 | Address   |  | — 77<br>SEC   |  |
|  | CLEARWATER, FLORIDA, 33755                  |   |  |   |  |
|  | City/ State and Zip Code                    |   |  |   |  |
|  | KIM@VALLINFINANCIALSOLUTIONS.COM            |   |  |   |  |
|  | E-mail address: (to be us                   | ed for future annual report                                       | notification)  | 1925 JAN 31 AH 12: 58<br>BECRETARY OF STAT<br>Taliahassee, Fl |  |
| For further information  | on concerning this matter, pleas            | se call:  |  | ALE<br>88   |  |
| KIMBERLY VALLI   | N   | 925<br>at (   | 899-4736   |   |  |
| Name   | of Contact Person                           | Area Coo  | le & Daytime Telephone Nun   | nber  |  |
| Enclosed is a check for  | or the following amount made                | payable to the Florida Depa                                       | rtment of State:   |   |  |
| S35 Filing Fee   | ☐\$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52,50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |   |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 |   | Amendi<br>Division<br>The Ce                                      | Address ment Section n of Corporations entre of Tallahassee F. Monroe Street, Suite 810            |   |  |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

| W | Н | m | : | LA | i₹I | i i | 13 | 'n | INC |
|---|---|---|---|----|-----|-----|----|----|-----|
|   |   |   |   |    |     |     |    |    |     |

| P24000016896   |  | poration (if known)                                   |                       | nendment                   | (s) t |
|--|--|---|-----------------------|----------------------------|-------|
| Pursuant to the provisions of section 607,1006, its Articles of Incorporation:  A. If amending name, enter the new name of FORGE FINANCIAL SERVICES INC. | Florida Statutes, this Flori                         |   | opts the following an | nendment                   | (s) t |
| A. If amending name, enter the new name of FORGE FINANCIAL SERVICES INC.   |  | ida Profit Corporation ad                             | opts the following ar | nendment                   | (s) t |
| FORGE FINANCIAL SERVICES INC.  | f the corporation:                                   |   |                       |                            |       |
| name must be distinguishable and contain the w   |  |   | 771                   |                            |       |
| "Inc.," or Co.," or the designation "Corp."<br>"chartered," "professional association," or th  | "Inc." or "Co". A pro                                | any," or "incorporated" e<br>fessional corporation na | or the abbreviation " | e new<br>Corp.,"<br>e word |       |
| B. Enter new principal office address, if app<br>(Principal office address MUST BE A STREE   | licable:   | 7/A   |                       |                            |       |
|  |  |   |                       |                            |       |
| C. Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFFI</u>   |  | //A   | TALL SALES            | 2025 JAN 3                 | -     |
|  |  |   | ASSEE, F              | <u> </u>                   | Ę     |
| <ol> <li>If amending the registered agent and/or r<br/>new registered agent and/or the new registered.</li> </ol>  | egistered office address in<br>tered office address: | 1 Florida, enter the name                             | of the                | 58                         |       |
| Name of New Registered Agent N/A   |  |   |                       |                            |       |
|  |  |   |                       |                            |       |
| New Registered Office Address:   | (Florida street ada                                  |   | N/A                   |                            |       |
|  | (City)   | ,   | (Zip Code)            |                            |       |

☐ 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:<br><u>X</u> Change   | <u>PT</u> | John Doc    |             |
|-------------------------------|-----------|-------------|-------------|
| X Remove                      | <u>v</u>  | Mike Jones  |             |
| X Add                         | <u>sv</u> | Sally Smith |             |
| Type of Action<br>(Check One) | Title     | Name        | Address     |
| 1) Change                     | N/A       | N/A         | N/A         |
| Add                           |           |             |             |
| Remove                        |           |             | 2025<br>SEC |
| 2) Change                     |           |             | JAN         |
| Add                           |           |             | 31<br>HAS   |
| Remove Change                 |           |             | AH 2:       |
| Add                           |           |             | ALE WE      |
| Remove                        |           |             |             |
| 4) Change                     |           |             |             |
| Add                           |           |             |             |
| Remove                        |           |             |             |
| 5) Change                     |           |             | <del></del> |
| Add                           |           |             |             |
| Remove                        |           |             |             |
| 6) Change                     |           |             |             |
| Add                           |           |             |             |
| Remove                        |           |             |             |

| The date of each amendment(s) addate this document was signed.                 | option:  | , if other than the          |
|--|--|------------------------------|
| Effective date if applicable:  |  |                              |
|  | (no more than 90 days after amendment file date)   |                              |
| Note: If the date inserted in this blo<br>document's effective date on the Dep | ock does not meet the applicable statutory filing requirements, this da artment of State's records.  | te will not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)  |                              |
| ☐ The amendment(s) was/were adopaction was not required.                       | ted by the incorporators, or board of directors without shareholder action   | on and shareholder           |
| The amendment(s) was/were adop<br>by the shareholders was/were suff            | ted by the shareholders. The number of votes cast for the amendment(s licient for approval.  | 5)                           |
| ☐ The amendment(s) was/were appromust be separately provided for each          | oved by the shareholders through voting groups. The following stateme ach voting group entitled to vote separately on the amendment(s):                  | rni                          |
| "The number of votes cast fo   | r the amendment(s) was/were sufficient for approval  |                              |
| by   |  |                              |
|  | (voting group)   |                              |
| Dated  | 1/25   | 202<br>SE                    |
| Signature \Bigg  | urvallin   | ECRETARY OF S                |
| ( <b>β</b> y a dire<br>selected  | ctor, president or other officer – if directors or officers have not been<br>by an incorporator – if in the hands of a receiver, trustee, or other court | HAR 32                       |
| appointed  | I fiduciary by that fiduciary)   | SSR ≥ II                     |
| K  | (Typed or printed name of person signing)  | يسي به استالت                |
|  | (Typed or printed name of person signing)  | 7 58                         |
| <u>V</u>   | re President   |                              |
| _  | (Title of person signing)  | <del></del>                  |