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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COI	RPORATION: Stoic Guardian Gro	oup Corp	
	TUMBER: P24000026141		
The enclosed Ar	ticles of Amendment and fee are su	bmitted for filing.	
Please return all	correspondence concerning this ma	tter to the following:	
	James Cruz		
		Name of Contact Person	
	Stoic Guardian Group Corp		
		Firm/ Company	
	400 Tallow Wood Circle	Time Congany	
		Address	
	15.4 17. 17712		
	Debary, FL 32713		
		City/ State and Zip Code	•
	aide@stoicguardian.org		
		sed for future annual report	notification)
For further infor	mation concerning this matter, plea	se call:	
Stephanic Suare.	z Gonzalez	at (_407	607-8251
N	Jame of Contact Person	at (Area Coc	' le & Daytime Telephone Number
Enclosed is a che	eck for the following amount made	payable to the Florida Depa	irtment of State:
□ \$35 Filing F	ee 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 P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

			200	
\10	11. (14	Introducti	e Cathair	p Corp

(Name o	of Corporation as currentl	y filed with the Florida I	Dept, of State)
P24000026141			
	(Document Number o	*Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporatio	m adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	"orp," "Inc," or "Co":	company," or "incorporation of the professional corporation of	The new red" or the abbreviation "Corp" on name must contain the word
B. Enter new principal office address,	if applicable:		
(Principal office address MUST BE A S			
			
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		1317 Edgewater Dr.	
		#2096	
		Orlando, FL 32804	
D. If amending the registered agent at new registered agent and/or the new			name of the
Name of New Registered Agent	James Cruz		
in the state of th	400 Tallow Wood Circle		
	(Florida str	eet address)	
New Registered Office Address:	Debary		, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if of thereby accept the appointment as registered.	hanging Registered Agent tered agent. I am familiar	<u>:</u> with and accept the oblige	ttions of the position.
	Signature of New R	egistered Agent, if change	ing

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)

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	PT Jol	<u>un Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	P	James Cruz	400 Tallow Wood Circle
X Add			Debary, FL 32713
Remove			
2) Change	VP	Stephanie Suarez Gonzalez	400 Tallow Wood Circle
X Add			Dehary, FL 32713
Remove 3) Change			
Add			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			0-2-1-2-1
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Adding in a new incorporator - Stephanie Suarez Gonzalez
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A

•

•

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	10/21/2024 adoption:	, if other than t
date this document was signed.	/21/2024	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requir Department of State's records.	rements, this date will not be listed as
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 s	hareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for t sufficient for approval.	he amendment(s)
	pproved by the shareholders through voting groups. The for or each voting group entitled to vote separately on the ame	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
President and Vice F	resident	
	(voting group)	
10/21/20	24	
Dated	<u></u>	
Signature	hate Oug	
(By a selec	director, president or other officer – if directors or officers ted, by an incorporator – if in the hands of a receiver, truste inted fiduciary by that fiduciary)	
	James Cruz	
	(Typed or printed name of person signing)	
	President and Chief Executive Officer	
	(Title of person signing)	