

P24 0000 54132

101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

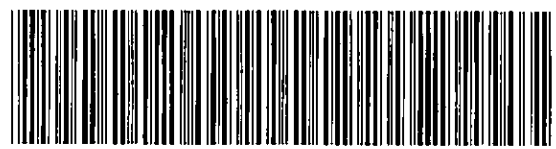
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100439190411

11/06/24--01016--011 **35.00

FILED
2024 NOV -6 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Department of State
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: AS3 ANALYSIS INC

CORPORATE NAME

Enclosed are an original and one (1) copy of the restated articles of incorporation and a check for:

☒ \$35.00 ☐ \$43.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$43.75 ☐ \$52.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: GINA SORICELLI

Name (Printed or typed)

20 ADAM CRESCENT

Address

DUNDEE UNITED KINGDOM DD3 0SL

City, State & Zip

772-834-4424

Daytime Telephone number

asoricelli68@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the document.

RESTATED ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME AS3 ANALYSIS INC

The name of the corporation is: _____

ARTICLE II RESTATED ARTICLES

The text of the Restated Articles is as follows: _____

FILED
2024 NOV -6 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FL

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:

Please note the officer/director title by the first letter of the office title:

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.

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
-----------------	-----------	-----------------

<u>X</u> Remove	<u>V</u>	Mike Jones
-----------------	----------	------------

<u>X Add</u>	<u>SV</u>	<u>Sally Smith</u>
--------------	-----------	--------------------

1) Change VP ANN SORICELLI 11422 SW FIELDSTONE V
X Add PORT ST LUCIE FL 34987

2) X Remove
Change PST GINA SORICELLI 11422 SW FIELDSTONE W
Add PORT ST LUCIE FL 34987

Remove _____

3) _____ Change _____
 _____ Add _____
 Remove _____

4) _____ Change _____
 _____ Add _____
 _____ Remove _____

5) _____ Change _____
_____ Add _____
Remove _____

6) Change _____

Add _____

Remove _____

ARTICLE IV AMENDED REGISTERED AGENT (OPTIONAL)

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: _____

Address: _____

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

Date

ARTICLE VI ARTICLE CONSOLIDATION

These restated articles of incorporation consolidate all amendments into a single document;

ARTICLE VII REQUIRED ADOPTION INFORMATION

Check if applicable:

☐ The amendment(s) is/are being filed pursuant to s. 607.0120(11)F, F.S.

The date of each amendment(s) adoption is: _____
if other than the date this document is signed.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of director without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. Then number of votes cast for the amendment(s) by the shareholder was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting group. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).*

"The number of votes cast for the amendment was/were sufficient for approval by

(voting group)

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Dated: 10/25/2024 _____

Signature: _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee or other court appointed fiduciary by that fiduciary)

GINA SORICELLI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)