Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GRACE FINANCIAL CONSULTING, INC.

Account Number : 119990000092 : (561)844-9806 Phone : (561)689-1131 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | |
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COR AMND/RESTATE/CORRECT OR O/D RESIGN LIGHTHOUSE PETROLEUM INC

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| Certificate of Status | 0 | | | |
| Certified Copy | 0 | | | |
| Page Count | 07 | | | |
| Estimated Charge | \$35.00 | | | |

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPO | RATION: LIGHTHOUSE PE | TROLEUM INC | | |
|--|---|--|--|--|
| | BER: P24000064320 | | | |
| | of Amendment and fee are sub | mitted for filing. | | |
| Please return all corre | spondence concerning this mat | ter to the following: | | |
| | MD M RAHMAN | | | |
| | | Name of Contact Person | | |
| LIGHTHOUSE PETROLEU | | M INC | | |
| | | Firm/ Company | | |
| | 5200 N FEDERAL HWY | | | |
| | | Address | | |
| LIGHTHOUSE POINT | | | | |
| City/ State and Zip Code | | | | |
| SHEMANTO561@GMAIL.COM | | | | |
| E-mail address: (to be used for future annual report notification) | | | notification) | |
| | | | - | |
| For further informati | on concerning this matter, pleas | e call: | : | |
| MD M RAHMAN | | at (561 | notification) 876-2255 | |
| Name of Contact Person | | Alea Code & Daytime Telephone Number | | |
| Enclosed is a check | for the following amount made | payable to the Florida Dep | artment of State: | |
| ☐ S35 Filing Fee | S43.75 Filing Fee & Certificate of Status | [\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | | Amen Divisi | Address dment Section on of Corporations Centre of Tallahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation of

| | ^ |
|-------------------------|---|
| LIGHTHOUSE PETROLEUM IN | ı |

| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment its Articles of Incorporation: A. If amending name, enter the new name of the corporation: LIGHTHOUSE 5200 PETROLEUM INC The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailting address, if applicable: (Mailting address MAY BE A POST OFFICE BOX) D. It amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: MD M RAHMAN 1235 SUSSEX ST | (Name of | Corporation as current | tly filed with the Florida De | pt. of State) | |
|---|---|--|--|---|----------------------|
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment its Articles of Incorporation: A. If amending name, enter the new name of the corporation: LIGHTHOUSE 5200 PETROLEUM INC The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MI/ST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: **Mame of New Registered Agent** MD M RAHMAN **Mame of New Registered Agent** MD M RAHMAN | P24000064320 | | | | |
| its Articles of Incorporation: A. If amending name, enter the new name of the corporation: LIGHTHOUSE 5200 PETROLEUM INC The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp" "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: **MD M RAHMAN** | | (Document Number | of Corporation (if known) | | |
| LIGHTHOUSE 5200 PETROLEUM INC The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviction "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent MD M RAHMAN | | 006, Florida Statutes, this | s Florida Profit Corporation | adopts the following a | mendment(\$) to |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent MD M RAHMAN | A. If amending name, enter the new name | ne of the corporation: | | | |
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| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent MD M RAHMAN | B. Enter new principal office address, in (Principal office address MUST BE A ST | <u> applicable:</u> REET ADDRESS | | | 701 |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent MD M RAHMAN | | | | | hol T 31 |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent MD M RAHMAN | | | | | <u> </u> |
| Name of New Registered Agent | D. If amending the registered agent an new registered agent and/or the new | d/or registered office ad registered office addre | ldress in Florida, enter the r 255: | name of the | |
| | Name of New Registered Agent | MD M RAHMAN | | | |
| | | 1235 SUSSEX ST | | | |
| (Fiorida street address) | | (Florida | street address) | | |
| New Registered Office Address: BOYNTON BEACH , Florida 33436 | Now Remissared Office Address | BOYNTON BEACH | | , Florida_33436 | |
| (City) (Zip Code) | IVEN ACCIDITION OF THE AUGUST. | | (City) | (Zip Co | de) |

New Registered Agent's Signature, if changing Registered Agent;

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Check if applicable

■ The aniendment(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: X Change | PT | John Doc | |
|----------------------------|--------------|-----------------|-------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| X_ Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | PSD | MOHAMMED RAHMAN | 1235 SUSSEX ST |
| , Add | _ | | BOYNTON BEACH, FL 33436 |
| X Remove | | | |
| 2) Change | P | MD M RAHMAN | 1235 SUSSEX ST |
| <u>X</u> Add | _ | | BOYNTON BEACH, FL 33436 |
| Remove 3) Change | | _ | 2021 OCT |
| | | <u> </u> | 66 |
| Add | | | ω |
| Remove | | | |
| 4) Change | | | <u>-</u> |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Adđ | | | |
| Remove | | • | |

| Attach additional sheets, if necessary). | (Be specific) | |
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| 40 | hange, reclassification, or cancellation of issued shares, | |
| provisions for implementing the ame | endment if not contained in the amendment itself: | |
| (if not applicable, indicate N/A) | | |
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| The date of each amendment(s) ac | option: 10/31/2024 | , if other than the |
|--|--|--|
| date this document was signed. | | |
| Effective date if applicable: | (no more than 90 days after amendment file d | laie) |
| Note: If the date inserted in this b document's effective date on the De | ock does not meet the applicable statutory filing requiren | nents, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were add action was not required. | pted by the incorporators, or board of directors without sha | reholder action and shareholder |
| The amendment(s) was/were add by the shareholders was/were su | pted by the shareholders. The number of votes east for the fficient for approval. | amendment(s) |
| ☐ The amendment(s) was/were app must be separately provided for | roved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amend | owing statement Iment(s): |
| "The number of votes cast | for the amendment(s) was/were sufficient for approval | Iment(s): 2021 OCT 3 |
| pà | (voting group) | |
| Dated | 0/31/24 | M 9: 35 |
| selecte | irector, president or other officer - if directors or officers h d, by an incorporator - if in the hands of a receiver, trustee ted fiduciary by that fiduciary) | nave not been |
| | DIPA HALDER (Typed or printed name of person signing) | |
| | VPDT | |
| | (Title of person signing) | |

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