Division of Corpo

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H230000137213)))



Note: DO NOT hi	the REFRESH/RELOAD button on your browser from this will generate another cover sheet.	page. Doing so
	will generate another cover sheet	
	Will generate another cover sheet.	70. 2

To:

Division of Corporations Fax Number : (850)617-6380

Account Name : REZLEGAL, LLC Account Number: 120140000033 Phone: (904)685-9321 Fax Number: (904)567-1066

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

Denisefisher2113@gmail.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN EXPERT T'S OF JACKSONVILLE, INCORPORATED

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

Electronic Filing Menu

Corporate Filing Menu

Help







Page: 3

DocuSign Envelope ID: E9D38682-A1B7-4D1A-92AD-8F29E35FDC74

H230000137213

	COVERTETTER		
TO: Amendment Section Division of Corporations			
NAME OF CORPORATION:	Expert T's of Jacksonville, Incorporated		
	000020288		
The enclosed Articles of Amend	nent and fee are submitted for filing.		
Please return all correspondence	concerning this matter to the following:	2023 JAN 11 AM 8: 37 SEALL AHASSEE, FL	=3
Lauren W	eisman, Esq.	NA PAR	. I
	Name of Contact Person		_
Reziægal	Pane of Condet Person	ASS Z	
	Firm/ Company	— m — 1	L
816 A1A	North Suite 204	TE W	
	Address	— ' m =	
Ponte Vec	ra Beach, Florida 32082		
-	City/ State and Zip Code	<u> </u>	
Denisefisl	ier2113@gmail.com		
	l address: (to be used for future annual report notification)		
is-ma	if address. (to be used for future annual report nonfication)		
For further information concernit	ng this matter, please call:		
Lauren Weisman, Esq.	at ()		
Name of Contact		ber	
Enclosed is a check for the follow	ring amount made payable to the Florida Department of State:		
	.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee ificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)		
Mailing Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, F1	ction Amendment Section porations Division of Corporations The Centre of Tallahassee		

DocuSign Envelope ID: E9D38682-A187-4D1A-92AD-8F29E35FDC74

H230000137213

Articles of Amendment to Articles of Incorporation of

	of	
Expert T's of Jacksonville, Inco	prporated	
44-44	Name of Corporation as currently filed with the Florida D	ept. of State)
P93000020288		
	(Document Number of Corporation (if known)	
Pursuant to the provisions of sec its Articles of Incorporation:	con 607,1006, Florida Statutes, this <i>Florida Profit Corporation</i>	andopts the following amendment(s) t
A. If amending name, enter th	he new name of the corporation:	
Solitude Twenty Three, Inc.		The new
name must be distinguishable an	a contain the word "corporation," "company," or "incorporate nation "Corp," "Inc," or "Co". A professional corporation	rd" or the abbreviation "Com"
	ociation," or the abbreviation "P.A."	LA A
B. Enter new principal office	address, if applicable:	
(Principal office address <u>MUS)</u>	TBE A STREET ADDRESS)	Sec I
		Sign of the second of the seco
C. Enter new mailing address		To a
(Mailing address MAY BE.	A POST OFFICE BOX	***************************************
	agent and/or registered office address in Florida, enter the in the new registered office address:	name of the
<u>Name of New Registere</u>	Agent	
	(Fiorida street address)	
New Registered Office .		, Florida(Zip Code)
	(City)	(Etp Code)
	dure, if changing Registered Agent:	
I hereby accept the appointment	ds registered agent. I am familiar with and accept the obligati	ions of the position.
-	Signature of New Registered Agent, if changin	K
Check if applicable		
	ng filed pursuant to s. 607.0120 (11) (e), F.S.	

DocuSign Envelope ID: E9D38682-A1B7-ID1A-92AD-8F29E35FDC74

If amending the Officers and/gr 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:

Page: 5

(Attach additional sheets, if necessary)

Please note the officer/director file 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.

Xample: X Change	<u>PT</u>	John Dae			
X Remove	<u>v</u>	Mike Jones			
<u>X</u> Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change					
Add				2023 JAN SEGRES TALLA	
Remove				LA A	-
2) Change				<u> </u>	0
Add					
Remove 3) Change				AM 8: 37 OF STATE SSEE, FL	
Add					
Remove					
4) Change	· · · · · · · · · · · · · · · · · · ·				
Add					
Remove					
5) Change			<u></u>		
Add					
Remove					
6) Change					
Add					
Remove	1				

H230000137213

E. If amending or adding add	 itional Articles, enter change(s) here:	rt230000137213
(Attach additional sheets, if n	vcessary). (Be specific)	
n/a		
11/3		
		·
· · ·		
		<i>∴</i> 22
		2023 JAN 11
		<u> </u>
		- E
		<u> </u>
		PQ
		10 α 13 13 13 13 13 13 13 13 13 13 13 13 13
		<u> </u>
		8 37 E.F.L
		:::
F. If an amendment provides	for an exchange, reclassification, or cancellation of issued shares.	
provisions for implementing	ng the amendment if not contained in the amendment itself:	
(if not applicable, indic	dje N/A)	
n/a		
······································		
		
,		

01/11/2023 10:56 AM

TO:1850\$176380 FROM:5045126629

Page: 7

DocuSign Envelope ID: E9D38682-A187-4D1A-92AD-8F29E35FDC74

H230000137213

The date of each amendment(s) adoption:	if other t	han the
date this document was signed.			
Effective date if applicable:			
	(no more than 90 days after amendment file date)		
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will no Department of State's records.	ot be listed	i as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and sh	areholder	
☐ The amendment(s) was/were 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):	2023 JAN	-W
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	Z	***************************************
by	(voting group)	=	MO
1/10/ Dated	2023 FL	8: 34	
Signature	Since the state of		
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)		
	Denise Fisher		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		