## P93000070875

| (Re                     | questor's Name)   |             |
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| (Ad                     | dress)            |             |
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| (Cit                    | ty/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nai | me)         |
| (Do                     | ocument Number)   | )           |
| Certified Copies        | Certificate       | s of Status |
| Special Instructions to | Filing Officer:   |             |
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: SCALE ITA CORPORATION  |
|---|
| DOCUMENT NUMBER: P93000070875   |
| The enclosed Articles of Amendment and fee are submitted for filing.  |
| Please return all correspondence concerning this matter to the following:   |
| Douglas ScaleTa   |
| Name of Contact Person Scale IIa Corporation  |
| Po Box 157  Address   |
| Winter Park FL 32790  City/ State and Zip Code  |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call;  |
| Duglas ScaleTa     at (407) 752-1860       Name of Contact Person     Area Code & Daytime Telephone Number  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:   |
| S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)  S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building  |

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

| Articles of Incorporation   |                |   | ር.<br>ቋን<br>ሚገ |             |
|---|----------------|---|----------------|-------------|
|   |                | of  | 4.             | $\tilde{c}$ |
|   |                | CORPORATION   |                | ~           |
| _   |                | rrently filed with the Florida Dept. of State)          | 45.00          | 12.34       |
| P92   | 0000           | 70875   | · · ·          | ڊي<br>      |
| (De   | cument Num     | nber of Corporation (if known)                          |                | 7           |
| Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:   | orida Statutes | s. this Florida Profit Corporation adopts the following | owing amendi   | ment(s) to  |
| A. If amending name, enter the new name of the  | e corporatio   | on:   |                |             |
| NA  |                |   | The n          | ew          |
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or | orp," "Inc,"   | or "Co". A professional corporation name n              | he abbreviati  | on          |
| B. Enter new principal office address, if applies (Principal office address MUST BE A STREET A  |                | AN  |                | -           |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)   | <u>BOX</u> )   | SCALETTA CORPO<br>POBOX 157<br>WINTER PARK, F           | DRATIO         | N<br>90     |
| D. If amending the registered agent and/or reginew registered agent and/or the new register   |                |   |                |             |
| Name of New Registered Agent NA   | 5              |   | <del></del>    |             |
|   | (Flor          | ida street address)                                     | <del></del>    |             |
| New Registered Office Address:  |                | , Florida   |                | _           |
|   |                | (City)  | (Zip Code)     |             |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen  | nt. Lam fam    | tiliar with and accept the obligations of the position  | ion.           |             |
| 5   | Signature of l | New Registered Agent, if changing                       | <del></del>    |             |

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>X_Change       | PT Joh              | n Doe            |  |
|----|----------------------------|---------------------|------------------|--|
|    | X Remove                   | <u>V</u> <u>Mil</u> | ce Jones         |  |
|    | X Add                      | SV Sal              | ly Smith         |  |
|    | Type of Action (Check One) | Title               | <u>Name</u>      | <u>Addres</u> s                        |
| U. | 1 1 Change                 | TSD                 | Melissa ScaleTa  | 690 Balmoral Rd                        |
|    | Add                        |                     |                  | WinterPank FL 3278                     |
|    | Remove                     |                     |                  |  |
|    | 2) Change                  | TSD                 | Douglas ScaleTTa | 690 Balmoral Rd<br>Winter Park Fr 3278 |
|    | <u>X_</u> Add              |                     |                  | WINTEL LOCK LE 35 18                   |
|    | Remove Change              |                     |                  |  |
|    | Add                        |                     |                  |  |
|    | Remove                     |                     |                  |  |
|    | 4) Change                  |                     |                  | <del></del>                            |
|    | Add                        |                     |                  | <del></del>                            |
|    | Remove                     |                     |                  |  |
|    | 5) Change                  |                     |                  |  |
|    | Add                        |                     |                  |  |
|    | Remove                     |                     |                  | <del></del>                            |
|    | 6) Change                  |                     |                  |  |
|    | Add                        |                     |                  |  |
|    | Remove                     |                     |                  |  |

| •   | (Be specific)  |
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|   | NA   |
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| an amendment provides for an excha  | inge, reclassification, or cancellation of issued shares,<br>dment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)   | unient is not contained in the amendment usen:   |
|   | NA   |
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| The date of each amendment(s) adoption:   | , if other than 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 this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.                            | will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)  |                           |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.  |                           |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s): | 1                         |
| "The number of votes cast for the amendment(s) was/were sufficient for approval   |                           |
| by"   |                           |
| (voting group)  |                           |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.   |                           |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  |                           |
| 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 induciary by that fiduciary)  |                           |
| (Typed or printed name of person signing)   |                           |
|   |                           |
| President Director  |                           |
| (Title of person signing)   |                           |