Division of Corporations

## Elorida Department of State

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.

(((H24000189296 3)))



H240001892963ABC8

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

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : THERREL BAISDEN, LLP

Account Number : I20140000065 Phone

: (305)371-5758

Fax Number

: (305)371-3178

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

Fma	4	1	٨	a.	d.	_		·	
ema	1	1	44			-	5	•	•

## COR AMND/RESTATE/CORRECT OR O/D RESIGN W.B. OFFICE GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 3 0 2024 D CUSHING

Check if applicable

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

Page: 2 of 5

H24000189296

## Articles of Amendment to Articles of Incorporation of

W.B. OFFICE GROUP, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P94000039405 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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 <u>MUST BE A STREET ADDRESS</u>) 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 (Florida street address) New Registered Office Address: , Florida (Zip Code) 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. Signature of New Registered Agent, if changing

- From: Claudia Chauvette

Fax: 13053418918

Fax: (850) 617-6380

Page: 3 of 5

05/29/2024 11:18 AM

H24000189296

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;

To:

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:

$\underline{X}$ Change	<u>PT</u>	John Doe	
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>	<u>Addres</u> s
1) Change	VP	LITOWITZ, SUSAN	11401 SW 40 ST STE 370
Add			MIAMI, FL 33165
X Remove			
2) X Change	VP	LITOWITZ, ARTHUR	11401 SW 40 ST STE 370
Add			MIAMI, FL 33165
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

H24000189296

Tuach adaille	nal sheets, if necessar	ry). (Be specific)	<b>)</b>			
	•			<del></del>		<del></del>
<u> </u>		<del></del>				
	· - ·					
			<del></del>		<del></del>	
	<del></del>	····	<del> </del>			
<del></del> -		· -				
<b></b>						
<del></del>						
<del></del>			·-		·	<del></del>
fan amande	ant provides for an	avahanaa malami	ification or con	adlation of ion	سسمطم المم	
nravisians fa	ent provides for an or implementing the a	mendment if not	contained in th	e amendment i	teelf:	
(if not ap	plicable, indicate N/A	)		e minendinent	5.75.111	
	,	,				
				•		
		<del></del>				····
			<del></del>			<del></del> -
	<del></del>		<del></del>			<del> </del>
	· · · ·				<del></del>	

Ctaudia Chauvette	►8x: 13023418318	10:	-ax: (850) 617-6380	Page: 5 01 5	H24000189296
The date of each date this documen		otlon:			, if other than the
Effective date if	annlicable:		ore than 90 days after amendment file	· · · · · · · · · · · · · · · · · · ·	and a stronger above transcription to the stronger of the stro
		ino mo	re man 20 aans aper amenament ja	e aaie)	
Note: If the date document's effect	inserted in this blockive date on the Depar	k does not meet then of State's r	the applicable statutory filing requirecords	rements, this date v	vill not be listed as the
Adoption of Amo	endment(s)	(CHECK O	<u>NE</u> )		
The amendment action was not		d by the incomor	rators, or board of directors without	shareholder action a	and shareholder
The amendment by the shareho	nt(s) was/were adopto lders was/were suffic	d by the sharehol tient for approval	lders. The number of votes east for t	he amendment(s)	
☐ The amendmen must be separe	u(s) was/were approv ntely provided for eac	ed by the sharele th voting group e	olders through voting groups. The fantitled to vote separately on the ame	ollowing statement ndment(s):	
"The min	iber of votes east for	the amendment(s	s) was/were sufficient for approval		
by			ş1		
		(voting grou	(p)		
]	Dated	3/24			
9	Dated	add In	mt	·	<del></del>
	selected, by		other officer – if directors or officers r – if in the hands of a receiver, truste fiduciary)		
	BU	DD LITOWITZ			
		(Typed o	r printed name of person signing)		
	Pre	sident			

(Title of person signing)