P95000013448

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COVER LETTER

D: Amendment Section **Division of Corporations** AME OF CORPORATION: ANAGO FRANCHISING, INC. OCUMENT NUMBER: P95000013448 ne enclosed Articles of Amendment and fee are submitted for filing. ease return all correspondence concerning this matter to the following: **BRUCE HARNER** Name of Contact Person ANAGO FRANCHISING, INC. Firm/ Company 20 SW 27TH AVE, SUITE 300 Address POMPANO BEACH/ FLORIDA 33069 City/ State and Zip Code BHARNER@ANAGOCLEANING.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: **IRUCE HARNER** Name of Contact Person nclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

NAGO FRANCHISINIG, INC. (Name of Corporation as currently filed with the Florida Dept. of State) 95000013448 (Document Number of Corporation (if known) ursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to s Articles of Incorporation: . If amending name, enter the new name of the corporation: I/A ume 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." N/A . Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) . Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) . 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: ew Registered Agent's Signature, if changing Registered Agent: 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

heck if applicable

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

amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and ldress of each Officer and/or Director being added:

ttach additional sheets, if necessary)

Remove

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

= President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief recutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, resident, Treasurer, Director would be PTD.

tanges 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 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, ike Jones, V as Remove, and Sally Smith, SV as an Add.

ike Jones, V as Rem tample:	ove, and Sa	lly Smith.	SV as an Add.	
Change	<u>PT</u>	John Do	<u>oe</u>	
⟨ Remove	<u>V</u>	Mike Ju	ones .	
<u>⟨</u> Add	<u>SV</u>	Sally Si	<u>nith</u>	
pe of Action heck One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
Change	VP/SE	EC	LISA RITENOUR	20 SW 27TH AVE
X Add				SUITE 300
Remove				POMPANO BEACH FL 33069
Change		_		
Add				
Remove) Change				
Add				TRA SEF
Remove				
Change		_		
Add				
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Change		· -		
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(Attach additional sheets, if necessary). (Be specific)	
/A	
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	101.7
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	40 3
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	7
/A	·
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If amending or adding additional Articles, enter change(s) here:

e this document was signed.	doption: AUGUST, 28TH, 2023	, if other than t
ective date if applicable:		
etive date <u>ii applicable</u> .	(no more than 90) days after amendment file date)	
te: If the date inserted in this beaument's effective date on the De	lock does not meet the applicable statutory filing requirements, this dapartment of State's records.	te will not be listed as the
option of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were addaction was not required.	pted by the incorporators, or board of directors without shareholder action	on 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 amendment(s) flicient for approval.	8)
	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other cour ed fiduciary by that fiduciary)	t
	ADAM BOULTS	202
	ADAM POVLITZ (Typed or printed name of person signing)	- : C &
	(1) ped of printed hattle of person organing)	
	CEO_	<u>ن</u>
	(Title of person signing)	INTE

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