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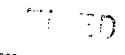
TO: Amendment Section Division of Corporations NAME OF CORPORATION: Restocon Corporation DOCUMENT NUMBER: P96000076307 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robert Howell Name of Contact Person Restocon Corporation Firm/ Company 337 N Falkenburg Rd Address Tampa Florida 33619 City/ State and Zip Code rhowell@restocon.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813) 643-2202 Area Code & Daytime Telephone Number Robert Howell Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee ☐\$43.75 Filing Fee & \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address
Amendment Sec

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of



Restocon Corporation	TOTA DEL	29 PH 4: 06
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)	** **
96000076307		4 6 7 m m pr
(Document Numbe	r of Corporation (if known)	
ursuant to the provisions of section 607,1006. Florida Statutes, the Articles of Incorporation:	nis Florida Profit Corporation adopts the fol	llowing amendment(s
. If amending name, enter the new name of the corporation:		
		The new
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co", chartered," "professional association," or the abbreviation "P.,	A professional corporation name must of	eviation "Corp.," vontain the word
Enter new principal office address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		
. Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		
 If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address 		
•	.332	
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:	, Florida	
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia	nt:	ition
neren, ueter me appriminen as regisieren ageni. Tam jamma	r win and accept the obligations of the posi	non.
Signature of New	Registered Agent, if changing	
	· · · ·	
neck if applicable		

☐ The amendment(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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	T	Siede T Kamide	337 N Falkenburg Rd
X Add			Tampa F1 33619
Remove			<u></u> .
2) Change	<u>V</u>	Michael Matthews	337 N Falkenburg Rd
X Add			Tampa Florida 33619
Remove 3) Change	<u>v</u>	Jeromy Magill	210 Derrick Drive
X Add			Humble Texas 77338
Remove			
4) Change			_
Add			
Remove			
5) Change	 -		
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary	y). (Be specific)
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	and the second s
an amendment provides for an ex	xchange, reclassification, or cancellation of issued shares,
provisions for implementing the ar	mendment if not contained in the amendment itself:
an amendment provides for an exprovisions for implementing the ar (if not applicable, indicate N/A)	mendment if not contained in the amendment itself:
provisions for implementing the ar	mendment if not contained in the amendment itself:
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The date of each amendment(s)	November 15,2022 adoption:, if other than t
date this document was signed.	adoption, if other than t
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as to Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	
	(voting group)
Novembe Dated Signature	r 15,2022
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)
	Robert Howell
	(Typed or printed name of person signing)
	Chairman
	(Title of person signing)

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