

P97000086225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

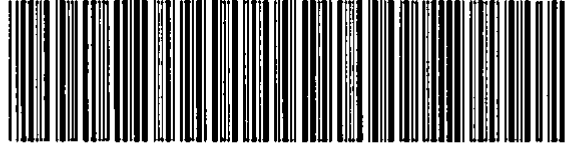
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS
MAY 26 2022

5/19/22

Office Use Only



900385220599

04/11/22--01054--003 **35.00

FILED
1027 MAY 19 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FL



RECEIVED

2022 MAY 19 AM 7:55

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FL

May 10, 2022

MICHAEL J. BARBAR, ESQ.
808 N. MAIN STREET
KISSIMMEE, FL 34744

SUBJECT: GRAVITEC, INC.
Ref. Number: P97000086225

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a BENEFIT/SOCIAL CORPORATION, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 422A00010711

MICHAEL J. BARBER, P.A.

Attorney at Law

808 North Main Street
Kissimmee, FL 34744

Telephone (407) 933-8212
Email: mjb957@embarqmail.com

May 18, 2022

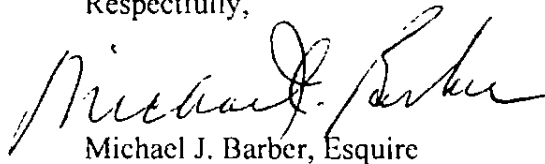
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: forms required

To whom it may concern:

We received the enclosed correspondence and have completed the provided forms. Please let this office know if you need anything further.

Respectfully,

A handwritten signature in black ink, appearing to read "Michael J. Barber". The signature is fluid and cursive, with the first name "Michael" being the most prominent part.

Michael J. Barber, Esquire

Enclosure: Dept. of State cover letter, documents that were provided to this office

COVER LETTER

O: Amendment Section
Division of Corporations

NAME OF CORPORATION: GRANITEC, INC.

DOCUMENT NUMBER: P97 000086225

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL J. BARBER, ESQ.
Name of Contact Person

MICHAEL J. BARBER, P.A.
Firm/ Company

808 N. MAIN ST.
Address

KISSIMMEE, FL 34744
City/ State and Zip Code

mjb957@embargo@mail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL J. BARBER at (907) 933-8212
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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(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

FILED

GRAVITEC, INC.

2022 MAY 19 AM 10:00

(Name of Corporation as currently filed with the Florida Dept. of State)

P97000086225

SECRETARY OF STATE
TALLAHASSEE, FL

(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:

1. If amending name, enter the new name of the corporation:

N/A

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."

2. Enter new principal office address, if applicable:

Principal office address MUST BE A STREET ADDRESS

N/A

3. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

4. 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

N/A

(Florida street address)

New Registered Office Address:

Florida

(City)

(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

Check if applicable

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

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
<input type="checkbox"/> Change	_____	<u>N/A</u>	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
<input type="checkbox"/> Change	_____	<u>N/A</u>	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	<u>N/A</u>	_____
<input type="checkbox"/> Change	_____	<u>N/A</u>	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
<input type="checkbox"/> Change	_____	<u>N/A</u>	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
<input type="checkbox"/> Change	_____	<u>N/A</u>	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
<input type="checkbox"/> Change	_____	<u>N/A</u>	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

2. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

THIS IS AN AMENDMENT OF ARTICLE 3, "SHARES" TO READ AS
FOLLOWS: THE NUMBER OF AUTHORIZED SHARES IS TWENTY
MILLION (20,000,000) WHICH INCLUDE THE PREVIOUSLY AUTHORIZED
1,000 SHARES. THE TWENTY MILLION (20,000,000) SHARES ARE
ALL VOTING AND DIVIDEND ELIGIBLE SHARES.

If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

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 will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ 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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)"

Dated APRIL 7, 2022

Signature Michael J. Barber
(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 fiduciary by that fiduciary)

MICHAEL J. BARBER
(Typed or printed name of person signing)

VICE PRESIDENT / DIRECTOR
(Title of person signing)