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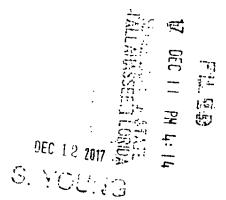
(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPOR	ation: <u>Hi-Te</u> er: <u>Po4000</u>	ch of 500	M Florida In.	
	f Amendment and fee are su			
Please return all corresp	condence concerning this ma-	tter to the following:		
		Danieras		
-	2015	E HILL	<u> </u>	
	0 1	Name of Contact Person	Sormo Spesant	
_	/Jes/	of se suciol 3	sorie Spysaint	
		Firm/ Company		
	8800 6	Address	PENY C-2	
-	0.0.0	Address		
	Pau	west A	- 32514 Somica.com	
-	0200	City/ State and Zip Code	<u> </u>	
	/ 0		/	
	LUKG BA	1 June	Somica, com	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
				
2011	Danier	at of the	1572 6848	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ing Address		Address	
Amendment Section Division of Corporations			Amendment Section	
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building				
	hassee, FL 32314	2661 E	xecutive Center Circle	
Tallahassee, FL 32301			issee, FL 32301	

Articles of Amendment

to

	Articles of Incorporation			
Hi-Tech	of South Flo	andi -	Forc	
	ion as currently filed with the Florida	Dept. of State)		
904000	59918			
(Doeu	ment Number of Corporation (if known))		
Pursuant to the provisions of section 607,1006, Florid its Articles of Incorporation:	la Statutes, this Florida Profit Corporal	tion adopts the fo	llowing amend	ment(s) to
A. If amending name, enter the new name of the c	orporation:			
			The n	iew
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD.	o," "Inc," or "Co". A professional co rabbreviation "P.A." <u>-</u>	ncorporated" or or orporation name	the abbreviate must contain	ion the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO D. If amending the registered agent and/or registered agent and/or the new registered	red office address in Florida, enter th	re name of the	AMILLANASSEL STADDINA	- - - 12 - 13 - 13
Name of New Registered Agent			·· ·	
	(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

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:	e, ana sai	iy Smiin, S* tas (in Ataa.	
X Change	<u>PT</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Vt	pose sprehoz	1913/3royhill Pl Rowned Fl 3252
Add			Lowner to 3252
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	<u>ticles, enter change(\$) here</u> : . (Be specific)
.,,	
	
in a mandara e manida e for an ana	change, reclassification, or cancellation of issued shares,
provisions for implementing the ame	rendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
,	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	 _
(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 we document's effective date on the Department of State's records.	zill 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 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)	
☐ 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 of 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) (Typed or printed name of person signing)	
Prosident	
(Title of person signing)	· _ _