Certified Copies ____ Certificates of Status ____

Special Instructions to Filing Officer:

Office Use Only
COVER LETTER

TO: Amendment Section
   Division of Corporations

NAME OF CORPORATION: AEXY CORP

DOCUMENT NUMBER: P1-4000030023

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

Please return all correspondence concerning this matter to the following:

ANGEL GARCIA
Name of Contact Person

AEXY CORP
Firm/Company

1026 APOPKA WOOD LN
Address

ORLANDO FL 32824
City/State and Zip Code

SUXTAXES@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGEL GARCIA at (407) 5585057
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:

☐ $35 Filing Fee
☐ $43.75 Filing Fee & Certificate of Status
☐ $43.75 Filing Fee & Certified Copy
☐ $52.50 Filing Fee & Certificate of Status
☐ Additional copy is 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
AEXY CORP

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

P14000030023

(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:

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.”)

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1026 APOPKA WOODS LANE

ORLANDO FL 32824

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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 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

Page 1 of 4
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, 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 PDT.

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 C; Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<table>
<thead>
<tr>
<th>Type of Action</th>
<th>Title</th>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>x Change</td>
<td>PT</td>
<td>John Doe</td>
<td></td>
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<tr>
<td>x Remove</td>
<td>V</td>
<td>Mike Jones</td>
<td></td>
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<tr>
<td>x Add</td>
<td>SV</td>
<td>Sally Smith</td>
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</tbody>
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<th>Title</th>
<th>Name</th>
<th>Address</th>
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<tbody>
<tr>
<td>1) Change</td>
<td>VP</td>
<td>EVELYN NIEVES</td>
<td>PO BOX 620562</td>
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<tr>
<td></td>
<td>Add</td>
<td></td>
<td>ORLANDO FL 32862</td>
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</table>
F. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary. Be specific)

N/A

F. 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

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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 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.

08/18/2017

Dated

Signature __________________________

(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)

ANGEL GARCIA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)