## P180000001693

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☐ PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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NAME OF CORPO	RATION: Extravis Inc		
	BER: P18000007693		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Shawn Myers		
		Name of Contact Perso	n
		Firm/ Company	
	6932 Stirling Road		
		Address	
	Hollywood , FL 33024		
	<del> </del>	City/ State and Zip Cod	e
Patie	entsadv@gmail.com		
<del></del> -	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	575-6323
	of Contact Person		)
	or the following amount made		,
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	endment Section ision of Corporations Box 6327 lahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

Extravis INC	
(Name of Corporation as of	currently filed with the Florida Dept. of State)
P18000007693	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion:
	The new rporation, " "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the ciation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	
	The state of the s
C. Enter now mailing address if applicables	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	3
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent	
	lorida street address)
New Registered Office Address:	. Florida
New Registered Office Address	(City) , Fiorida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
Thereby accept the appointment as registered agent. Turn je	minua wan ana accept the obligations of the position.
Signature o	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:

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

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	M	Michael Suro	4611 S university Drive
Add			STE 187 , Davie FL 33326
X Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			<del> </del>
Remove			
5) Change		-	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)
	<del></del>
I an amendment provides for an exchi provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment date this document was signed		, if other than
, , ,	3/01/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
	this block does not meet the applicable statutory filing requirements, this che Department of State's records.	date will not be listed as
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/web by the shareholders was/web.	re adopted by the shareholders. The number of votes cast for the amendment ere sufficient for approval.	u(s)
	re approved by the shareholders through voting groups. The following statened for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and sharehold	der
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
3/01/. Dated	2018	
Signature	By a director, president or other officer – if directors or officers have not been	<u></u>
	elected, by an incorporator – if in the hands of a receiver, trustee, or other con	
a	ppointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	$\mathcal{M}$	
	(Title of person signing)	

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