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2020

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BOLT PRO SERV	ICES CORP	
DOCUMENT NUM	BER: P20000026108		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	ELIZABETH CONSUEGRA		
		Name of Contact Person	l .
	BOLT PRO SERVICES COP	RP	
		Firm/ Company	
	4758 ALBERTA AVE		
		Address	
	WEST PALM BEACH, FL 3	3417	
		City/ State and Zip Code	<u> </u>
For further information	on concerning this matter, plea		635-2516
Name of Contact Person		at (at (de & Daytime Telephone Number
	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)	S52.50 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		Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassec N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

BOLT PRO SERVICES CORP.

(Name of Corporation as currently fil	ed with the Florida Dept. of State)	
P20000026108		
(Document Number of Co	rporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flor</i> its Articles of Incorporation:	rida Profit Corporation adopts the fo	llowing amendn
A. If amending name, enter the new name of the corporation:		The ne
name must he distinguishable and contain the word "corporation," "com, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pr "chartered," "professional association," or the abbreviation "P.A."	pany," or "incorporated" or the abbr ofessional corporation name must	eviation "Corp.,
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	, , , , , , , , , , , , , , , , , , ,	, <u>, , , , , , , , , , , , , , , , , , </u>
- -		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
_		F 3
	¥ <u>.</u>	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the	-
Name of New Registered Agent		· · ·
(Florida street d	ıddress)	
New Registered Office Address: (Cit	, Florida_	(Zip Code)
	,,	(Lip Code)
New Registered Agent's Signature, if changing Registered Agent:	the state of the s	. • • • • • • • • • • • • • • • • • • •
I hereby accept the appointment as registered agent. I am familiar with	and accept the obligations of the pos	ation.
Signature of New Pagie	stered Agent, if changing	
Signature of New Region	петец пуст, у спануту	
Check 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, no 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; CEC Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. 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 Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	
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	VP	ELIO M. CONSUEGRA	4758 ALBERTA AVE
X Add			WEST PALM BEACH, FL 33417
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).	les, enter change(s) here: (Be specific)		
			
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e la companya de la c	lessification or concellati	an of iccurat charge	
f an amendment provides for an exch	ange, reclassification, or cancellati	on of issued shares, indment itself:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellatindment if not contained in the ame	on of issued shares, endment itself:	
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f an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellatindment if not contained in the ame	on of issued shares, endment itself:	
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellatindment if not contained in the ame	on of issued shares, endment itself:	

The date of each amendment(s) a date this document was signed.	adoption:	, if othe
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this datepartment of State's records.	ate will not be lis
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad action was not required.	lopted by the incorporators, or board of directors without shareholder action	on and shareholdc
☐ The amendment(s) was/were act by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	s)
☐ The amendment(s) was/were apmust be separately provided fo	oproved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
11/12/202	0	
Dated		
Signature (
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary)	
	ASIEL LOPEZ	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	