P16000082751

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EASYCA	RDID CORP
DOCUMENT NUMBER: P1600008275	
The enclosed Articles of Amendment and	
Please return all correspondence concernin	g this matter to the following:
ED KOTLER	
	Name of Contact Person
TAX ZONE INC	
-	Firm/ Company
8865 COMMODIT	Y CIRCLE STE 4
	Address
ORLANDO FL 328	19
	City/ State and Zip Code
A PARAMETER A VICTORIAN DE LA CONTRACTORIA DEL CONTRACTORIA DE LA CONTRACTORIA DE LA CONTRACTORIA DE LA CONT	
ADMIN@TAXZONEFL	
n-mail address:	(to be used for future annual report notification)
For further information concerning this ma-	tter, please call:
ED KOTLER	at () 888-3131
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	int made payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Certificate of	· · · · · · · · · · · · · · · · · · ·
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

Articles of Amendment to Articles of Incorporation of

EASYCARDID CORP

(Name o	of Corporation as currently	filed with the Florida Dept, of State)	
P16000082751			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation;	1006, Florida Statutes, this F	Iorida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new m	ame of the corporation:		
	nation "Corp," "Inc," or "C	" "company," or "incorporated" or the al o". A professional corporation name must c .A."	
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
 C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent are new registered agent and/or the new registered agent and/or the new registered agent. 	OFFICE BOX) nd/or registered office addre	ss in Florida, enter the name of the	SECS JUN
	JOSE RAMON MONTENE	GRO SOCORRO	-5
Name of New Registered Agent	3956 SUNBEAM RD STE 1		SES SES SES
	(Florida stree		ं स
New Registered Office Address:	JACKSONVILLE	, Florida 32257	48
	10	(Zip C	ode)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: tered agent. I am familiar wi	th and accept the obligations of the position.	
	De Parion.	gistered Agent, if changing	
	Signature of New Reg	zistered 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: XChange	PT	John Doe	
X Remove	<u>v</u>	Mike Joneş	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	ANTONIO SOCORRO	3956 SUNBEAM RD
Add		·-	SUITE 1
X Remove			JACKSONVILLE FL 32257
2) Change	VP	JEAN CARLOS LOPEZ	3956 SUNBEAM RD
Add			SUITE I
X Remove			JACKSONVILLE FL 32257
3) Change	P	JOSE R MONTENEGRÓSOCORRO	3956 SUNBEAM RD
X Add			SUITE I
Remove			JACKSONVILLE FL 32257
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Re specific)
	(0.00, 19.0)
	····
	<u> </u>
an amendment provides for an eych	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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<u>provisions for implementing the amer</u>	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

The date of each amendment(s) ad	05-29-2019		, if other than th
date this document was signed.	»puon:		, it other than th
	-2019		
Effective date <u>if applicable</u> :	(no more than 90 day	s after amendment file date)	
Note: If the date inserted in this b document's effective date on the De		statutory filing requirements, this date wi	ill not be fisted as th
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were ado by the shareholders was/were su		ber of votes cast for the amendment(s)	
	oved by the shareholders through vach voting group entitled to vote s	coting groups. The following statement eparately on the amendment(s):	
"The number of votes east	or the amendment(s) was/were suff	icient for approval	
by		 .	
	(voting group)		
The amendment(s) was/were ado action was not required.	oted by the board of directors with	out shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	sted by the incorporators without sl	pareholder action and shareholder	
05-29-19			
Dated	2 7 7 1	-	
Signature	ilaulat ()		
		if directors or officers have not been	
		ds of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)		
	ANTONIO SOCORRO		
	(Typed or printed name	of person signing)	
	RESIDENT		
	(Title of per	son signing)	