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COVER LETTER

NAME OF CORPORATION: PARMS ARMS INC.

DOCUMENT NUMBER: 2214 (a)

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

Please return all correspondence concerning this matter to the following:

ROUNDED

Name of Contact Person

Firm/ Company

Shadess

Address

Cityl State and Zip Code

For further information concerning this matter, please call:

ROUNDED

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:

Mailing Address

\$35 Filing Fee

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

□\$43.75 Filing Fee &

Certificate of Status

Street Address

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□\$52.50 Filling Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Inc.

Articles of Inc		
of DARMS	HRMS INC.	
(Name of Corporation as current	ly filed with the Florida Dept. of State)	
27.1H	C	
(Document Number of	of Corporation (if known)	<u>.</u>
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amer	ndment(s) to
A. If amending name, enter the new name of the corporation:		
NIA	The	пеж
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	
		
D. If amending the registered agent and/or registered office add		
Name of New Registered Agent New Registered Agent	<u>s:</u>	
(Florida st.	reet address)	
New Registered Office Address:	(City) , Florida (Zip Code)	-
		ı
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent. I am familiar	77 × 17 × 2	
NIA		
Signature of New I	Registered Agent, if changing	
	<u> </u>	

address of each Officer: (Attach additional sheets, Please note the officer/dir P = President; V= Vice Executive Officer; CFO held, President, Treasure Changes should be noted	and/or D , if necess rector titl President = Chief I r, Directo in the fo wes the c	virector be vary) le by the fi t; T= Trea Financial or would t llowing m orporation	eing added: rst letter of the office surer; S= Secretar Officer. If an office oe PTD. anner. Currently Ica sally Smith is nan	e title: y: D= Director; TR= T vr/director holds more ohn Doe is listed as the	director being removed a rustee; C = Chairman or than one title, list the first PST and Mike Jones is lists should be noted as John Do	Clerk: CEO = Chief letter of each office ed as the V. There is
X Change	PT	John Do	<u>e</u>			
X Remove	<u>V</u>	Mike Jo	<u>neş</u>			
<u>X</u> Add	<u>sv</u>	Sally Sn	<u>nith</u>			
Type of Action (Check One)	Title		<u>Name</u>		<u>Addres</u> s	
1) Chunge Add Remove	\checkmark	_	Roy B	enmeir	Micumi, 33137	Strnst.
2)ChangeAdd	9	~	Pablo P	elegran	2243 Ca # 4 Mia	lais Dr milBeach, F
Remove 3) Change Add Remove		_		······································	33141	
4) Change Add Remove						
5) Change Add Remove		_				
6) Change		_				

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an amendn	ent provides for an e	xchange, reclassifi	cation, or cancell	lation of issued share	<u>es,</u>
orovisions fo if not at)	or implementing the a oplicable, indicate N/A	<u>(mendment if not co</u>)	ontained in the a	mendment itself:	
17	A				
					
					
					
				_	

The date of each amendment(s) adoption: OCTODEC 1, 2017, 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
☐ 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.
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)
(Typed or primed name of person signing)
(Typed or primed name of person signing)
Vice President
(Title of person signing)