

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

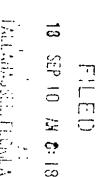
Office Use Only



300318023303

03/10/18--01031--026 **43.75

SEP 13 2018 S. YOUNG



COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

1 44 218 NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Berkley C. Bodger
Name of Contact Person Firm/ Company Luc. 600 Bypass Dr., Ste 210 City/ State and Zip Code berkley badger @ yahoo. Com E-mail address: (to be used for future annual report notifica For further information concerning this matter, please call: Berkley C. Balger at 727 796:3339

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: \$43.75 Filing Fee & Certificate of Status □\$43.75 Filing Fee & □\$52.50 Filing Fee □ \$35 Filing Fee Certified Copy Certificate of Status Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

to

Articles of Incorporation

	of A las
Maxwe	ell products, Inc.
(Name of Corporation as curi	rently filed with the Florida Dept. of State)
(,	.44 818
(Document Numb	per of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	<u>u</u>
	The new
name must be distinguishable and contain the word "corporation". "Inc.," or Co.," or the designation "Corp." "Inc.," word "chartered," "professional association," or the abbreviate	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	Si Si
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	91. OF
(Mutting dualess MAT BLATOST OFFICE BOX)	
	<u></u>
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 add	
Name of New Registered Agent Be	rkley C. Badger
600 By	Jass Dr. Ste 2-10
CI	23764
New Registered Office Address: UT	(Cuy) Florida (Zip Code)
	(M.)
New Registered Agent's Signature, if changing Registered A	gent:
I hereby accept the appointment as registered agent. I am fami	liar with and accept the obligations of the position.

Signature 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 = 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	PT John	Doc	
X Remove	<u>V</u> <u>Mik</u> o	· Jones	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	<u>P5</u>	Kurt M. Dunbar	4356 Lindsey Loop
Add			Dover FL
Remove			33527
2) Khange		Gail E. Przyb	x1ski 6706 54 Th St. North
Add			Tampa, FC
Remove	7	Palacel A P to	
3) Change		Richard A. Bugt	
Add			- Taup, FL 33610
Remove			53610
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ticles, enter change(s) here: . (Be specific)
	
<u> </u>	
_ 	
	
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares, rendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	tendinent if not contained in the amendment users.
,,	

	antion:	August	21	2018	, if other than the
date this document was signed.					, , , , , , , , , , , , , , , , ,
Effective date <u>if applicable</u> :	(no more th	August an 90 days after a	31 mendment fi	70 [B le date)	
Note: If the date inserted in this bl document's effective date on the Dep			filing requi	rements, this date	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)				
☐ The amendment(s) was/were adop by the shareholders was/were suf		The number of vo	tes cast for	the amendment(s)	
☐ The amendment(s) was/were approvided for a					
"The number of votes cast f	or the amendment(s) was	s/were sufficient fo	r approval		
by		_			
	(voting group)				
☐ The amendment(s) was/were ado action was not required.	oted by the board of direc	ctors without share	holder actio	n and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators	without sharehold	er action and	i shareholder	
Dated	August	31,20	18		
Signature	Kut,	<u> </u>			
· · · · · · · · · · · · · · · · · · ·	rector, president or other				
	l, by an incorporator — if: ed fiduciary by that fiduc		eceiver, trust	ee, or other court	
		Kurt M nted name of perso	. Du	vorc	
	(Typed or prir	nted name of perso	n signing)	,	
		Presid	ent/	Secreta	СУ
		Title of narcon cion	ina) /		1