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COVER LETTER

Division of Corporations		
NAME OF CORPORATION:	tional tower refessionals, INC.	
DOCUMENT NUMBER: ☐ 130000	1722	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Cher		
Abacus J	Name of Contact Person VS No SS AX SV C . Firm/ Company	
105 7TA	JE NE	
Ruski	N, FL 33570	
	City/ State and Zip Code	
E-mail address: (to be us	uskind a GMail Com sed for future annual report notification)	
For further information concerning this matter, please	se call:	
Cheryl Creason Name of Contact Person	at (813) L>45-4000 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Department of State:	
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)	
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee. FL 32303

Articles of Amendment to

Articles of Incorporation	
International Power Professionals, [(Name of Corporation as currently filed with the Florida Dept. of State)	NC.
F1300001722	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following the Articles of Incorporation:	ng amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviate "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must conta "chartered," "professional association," or the abbreviation "P.A."	on "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Key West, FL 3:	<u>st.</u> 3040
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 address:	
Name of New Registered Agent	_
(Florida street address)	_
New Registered Office Address:	~ ·
(City) (Zip	Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
	2:33
Signature of New Registered Agent, if changing	_

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, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

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.

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			
Add			
Remove			
2) Change			
Add			
Remove 3) Change	 .		
Add			
Remove			
4) Change		_	<u> </u>
Add			
Remove			
5) Change			·
Add			
Remove			
6) Change			
Add			
Parnova			

Attach additional sheets, if necessary).	(Be specific)		
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<u>.</u>			
	<u> </u>		
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			-
		_ _	
f an amendment provides for an exch	ange, reclassification, or c	ancellation of issued shar	·es,
provisions for implementing the ame (if not applicable, indicate N/A)	idment if not contained in	the amendment itself:	
(ң ног аррасаығ, тасығ мл)			
<u>, </u>			

	10 NO 00	
The date of each amendment(s) adoption:date this document was signed.	10-19-2020	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statutory filing requirement f State's records.	s, this date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of directors without shareho	older action and shareholder
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes east for the ame approval.	endment(s)
	ne shareholders through voting groups. The following group entitled to vote separately on the amendmen	
"The number of votes cast for the amo	endment(s) was/were sufficient for approval	
by	,"	
(vo	ting group)	
selected, by an inc appointed fiduciar	sident or other officer – if directors or officers have recorporator – if in the hands of a receiver, trustee, or or by by that fiduciary) (Typed or printed name of person signing)	other court
	(1 yped or printed name of person signing)	
	PIT	
	(Title of person signing)	