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(Busin	ness Entity Na	me)
(Docu	ment Number)
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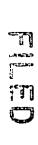
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COVER LETTER

TO: Amendme	ent Section Division of Corporation	ons		
SUBJECT: Got2G	So Inc.			
		of Corporation	1	
DOCUMENT NU	MBER: F21000000373			
The enclosed Ame	ndment and fee are submitted for	filing.		
Please return all co	prrespondence concerning this ma	tter to the follo	wing:	
Russ Johnson				
	Name of Contact Person			
Got2Go Inc.				
	Firm/Company			
1 E Broward Blvd	, Suite 620			
	Address			
Ft Lauderdale, Fl	_ 33301			
	City/State and Zip Code			
russ.johnson@gc	ot2go.com			
E-mail addre	ss: (to be used for future annual r	eport notification	on)	
For further informa	ation concerning this matter, plea	se call:		
Russ Johnson		315 at (857-8874	
Namo	e of Contact Person	Area C	lode & Daytime 1	Telephone Number
Enclosed is a check	k for the following amount:			
\$35 Filling Fee	☐ S43.75 Filing Fee & Certificate of Status	☐ \$43.75 Certified (Filing Fee & Copy	S52.50 Filing Fee. Certificate of Status Certified Copy

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F2	1000000373					
_	(Document number	of corporation (if known)				
Got2Go Inc.						
	of corporation as it appears of	in the records of the Departi	ment of Sta	te)		
. <u>WY</u>		₃ . 1/20/21				
(Incorporated und	ler laws of)	3(Date authori	zed to do b	usiness in F	lorida)	
(4	SEC 4-7 COMPLETE ONLY T	TION II HE APPLICABLE CHAN	(GES)			
. If the amendment changes the name of incorporation?			he laws of i	its jurisdictic	on of	
(Name of corporation after the amend not contained in new name of the corp	iment, adding suffix "corpor poration)	ation," "company," or "inco	rporated,"	or appropria	te abbi	eviation,
(If new name is unavailable in Florida.	. enter alternate corporate na	une adopted for the purpose	of transact	ing business	in Flo	orida)
5. If the amendment changes the per	riod of duration, indicate ne	w period of duration.				
_				· · ·	202	
	(New	duration)			2021 MAR 12	<u>[</u> [[
7. If the amendment changes the jur	risdiction of incorporation, i	ndicate new jurisdiction.		AHASSEE FI	12 A	incoloration in amount
	(New j	urisdiction)			AM II: 22	O
If amending the registered agent an new registered agent and/or the new			ame of the	-		
Name of New Registered Agent						
	(Florida str	eet address)				
New Registered Office Address:	//:ii		Florida_	(Zip Code)		
	(City			(Zip Code)		
New Registered Agent's Signature, I hereby accept the appointment as reg	if changing Registered Aggistered agent. I am famili	ent: ar with and accept the oblig	ations of th	ne position.		
Signature of New Ru	egistered Agent, if changing					

9. If the amendment changes person, title or capacity in accordance with 607,1504 (4), indicate that change: Title/ Capacity Name Address Type of Action **CFO** Stephanie J Baker 1 E Broward Blvd STE 620, Ft Lauderdale. ⊿Add Remove □Add Remove \square Add Remove \square Add Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Johnson (Typed or printed name of person signing)

 \square Add

■Remove

FILING FEE \$35.00