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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
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AUG 0 8 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Go Electronics Inc	orporated			
DOCUMENT NUMI					
	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Glenda Oxborough				
		Name of Contact Person	n		
	Go Electronics Incorporated				
		Firm/ Company	·		
	360 Hickman Drive				
		Address			
	Sanford, FL 32771				
		City/ State and Zip Cod	e		
CON	oorough@goelectronics.net				
——————————————————————————————————————		sed for future annual report	notification)		
	tman address. (to be us	sed for future amidar report	Tiothedion,		
For further information	o concerning this matter, pleas	se call:			
Glenda Oxborough		at (407	328-8011		
Name o	of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
	endment Section		lment Section		
	sion of Corporations Box 6327	Division of Corporations			
	thassee, FL 32314	Clifton Building 2661 Executive Center Circle			
1 (11)		Tallahussan, VI. 22201			

Articles of Amendment to Articles of Incorporation of

to

Go	Electronics	Incorporated
	•	

(Name of Corporation	as currently (filed with the Florida De	pt. of State)			
J17535						
(Documen	t Number of C	orporation (if known)		-		
Pursuant to the provisions of section 607,1006, Florida Stits Articles of Incorporation:	tatutes, this FI	orida Profit Corporation	adopts the fo	llowing	amendi	ment(s)
A. If amending name, enter the new name of the corp.	oration:					
					The n	ረዝ ^ነ
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abi	"Inc," or "Ce	o". A professional corpo				
B. Enter new principal office address, if applicable:						_
(Principal office address <u>MUST BE A STREET ADDRI</u>	<u>ESS</u>)			A E	18	
				25.5		
				<u> </u>		-
C. Enter new mailing address, if applicable:				60.4 60.4	တ်	1
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)				. با الماريات الماري الماريات الماريات ا	-0	- U
				<u></u> 음:	12:	_
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Note that the second second						-
D. If amending the registered agent and/or registered new registered agent and/or the new registered off		s in Florida, enter the n	ame of the			
Name of New Registered Agent						
			-			
	(Florida street	address)				
New Registered Office Address:			. Florida			
New Registerea Office Address.	(C	iiy)	, r ioriga	(Zip Co	ide)	-
New Registered Agent's Signature, if changing Registon I hereby accept the appointment as registered agent. I a		h and accent the abliqui	one of the nos	sitian		
r nevery accept the appointment as registered agent. The	m jamutar wu	n ana accept the ortigan	ons of the pos	aron.		
Signatu	ire of New Reg	istered Agent, if changing	ζ			

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	<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>	Address
1) Change	CFO	Glenda Oxborough	360 Hickman Drive
x Add			Sanford, FL 32771
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		·	
6) Change			
Add			
Remove			

Attach additiona	dding additional Articlesheets, if necessary).	(Be specific)			
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f an amendmer	t provides for an excha	inge, reclassificatio	n, or cancellation	n of issued shares,	
provisions for i	mplementing the amen	dment if not conta	ined in the amend	dment itself:	
(if not appl	cable, indicate N/A)				
		10.10.00			
					

The date of each amendment date this document was signed		, if other than the
Effective date if applicable:	January 1, 2018	
Enterve date it applicable.	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this do he Department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.	s)
	re approved by the shareholders through voting groups. The following statemed of for each voting group entitled to vote separately on the amendment(s):	ent
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder	er
8/3/2 Dated	018	
So	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other comppointed fiduciary by that fiduciary)	 -1
	Glenda Oxborough	
	(Typed or printed name of person signing)	
	Chief Financial Officer	
	(Title of person signing)	