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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: MIST INC DOCUMENT NUMBER: ___ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: KENNETH ESRIG Name of Contact Person Firm/ Company 7794 AFTON VILLA COURT Address BOCA RATON, FL 33433 City/ State and Zip Code ESRIGK@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (5614960906)

Area Code & Daytime Telephone Number KENNETH ESRIG Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following 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," "co "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A "chartered." "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:	- 12
(Mailing address MAY BE A POST OFFICE BOX)	- 2
	- 1
No. 16 manualism about missource and a constant of the state of the st	က်ပ ယ
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	25 In Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
(1)	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered 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)	Title	<u>Name</u>	Address
1) Change	D	MICHELLE ESRIG	7794 AFTON VILLA COURT
Add			BOCA RATON FL 33433
X Remove	D	STEPHANIE ESRIG	7794 AFTON VILLA COURT
2) Change		- STEFFRANCE ESKIG	
Add X Remove 3) Change			BOCA RATON FL 33433
Add			
Remove 4) Change			
Add Remove 5) Change			
Add			
Remove 6) Change			
Add			

	(Be specific)			
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f an amandment pravides for an ave	hange, reclassificat	tion, or cancellation tained in the amend	of issued snares, lment itself:	
provisions for implementing the am				
provisions for implementing the am (if not applicable, indicate N/A)	endment ii not con			
provisions for implementing the am	endment ii not con			
provisions for implementing the am	enginen i iive evi	,		<u>.</u>
provisions for implementing the am	enginen i iioz con			
provisions for implementing the am				
provisions for implementing the am				
provisions for implementing the am				
f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)				
provisions for implementing the am				
provisions for implementing the am				

	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, t partment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amend fficient for approval.	ment(s)
	roved by the shareholders through voting groups. The following s 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		
	(voting group)	
Dated	8/21	
Signature <u>//</u>	Mush ESr. 9 rector, president or other officer – if directors or officers have not	
selected	rector, president or other officer — if directors or officers have not I, by an incorporator — if in the hands of a receiver, trustee, or othe ed fiduciary by that fiduciary)	been er court
	Ken Eszig	
	(Typed or printed name of person signing)	
	(Title of person signing)	•