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PICK-UP	☐ WAIT	MAIL		
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Certified Conies	Certificates	e of Statue		
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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COVER LETTER

TO: Amendment Section

Division of Corporations ASTRAC-GRAPHICS INC. 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: John Mame of Contact Person Astrol-Gaphics, Inc.
Firm/ Company 72/3 NV 79 Terrace
Address Wedley, Fc 33166
City/ State and Zip Code Joseph D24 D gmail Lon
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>786</u>) <u>597-/929</u> Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 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** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Astral-Granisilno			_
(Name of Corporation as currently f	iled with the Florida De	ept. of State)	•
S92567158 (Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	•		ng amendment(
A. If amending name, enter the new name of the c	orporation:		
			_The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A		
B. <u>Enter new principal office address, if applicabl</u> (Principal office address <u>MUST BE A STREET AD</u>			_
			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X</u>)	THE CO	
			- <u>-</u>
			- PA - 9
D. If amending the registered agent and/or registered new registered agent and/or the new registered		orida, enter the name of the	3 11
Name of New Registered Agent		3 <u>3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 </u>	्या ()0
	(Florida street addres	ss)	۶
New Registered Office Address:	(City)	, Florida(Zip Code)	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and	accept the obligations of the position.	
Signature of N	lew Registered Agent, if o	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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PO	PABIO ASEND	12 MW 52 ST
Add			MIAM, K 33127
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add		•	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 2/13/20/3	
Effective date if applicable: 2/3/20/5 (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	•
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(an and Arean	
(Typed of printed name of person signing)	
<u>Orector</u>	
(Title of person signing)	