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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Canvas GFX, Inc.		
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Patrick Cullen		
•		Name of Contact Person	1
	Montgomery McCracken Wa	ilker & Rhoads LLP	
•		Firm/ Company	
	1735 Market Street		
		Address	
	Philadelphia, PA 19103		
•		City/ State and Zip Cod	e
pculle	n@mmwr.com		
<u>:</u>	•	sed for future annual report	notification)
For further information	oconcerning this matter, pleas	se call-	
. Or ranner information	, concerning mis manor, pro-		
Patrick Cullen		at (772-7648
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Ame Divi P.O.	ling Address Indiment Section Ission of Corporations Box 6327 Inhassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Canvas GFX, Inc.				
(Name of Corporation as curr	ently filed with the Florida	Dept. of State)		
M25629				
(Document Number	er of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	his <i>Florida Profit Corporati</i>	on adopts the follow	ing amend	dment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>			
N/A			The i	new
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	or "Co". A professional co	corporated" or the rporation name mus	abbrevia.	tion
B. Enter new principal office address, if applicable:	N/A			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)			SE 19	
		1	SE SE	— —
C. Enter new mailing address, if applicable:	N/A	ASSE:	7 -3	_=
(Mailing address MAY BE A POST OFFICE BOX)	10/74	· ' <u>·</u>	<u> </u>	
		<u> </u>	÷ ÷	
				_
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		e name of the		
Name of New Registered Agent N/A		···		
(Floride	street address)			
New Registered Office Address:		, Florida		_
	(City)	(Zi _i	p Code)	
New Registered Agent's Signature, if changing Registered Ag	ent:			
I hereby accept the appointment as registered agent. I am famili	ar with and accept the obligi	ations of the position	ī.	
			_	
Signature of Ne	w Registered Agent, if chang	ino		

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)

Remove

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>	<u>John Doe</u>	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	DCPS	Patricia R. Hume	8201 Peters Road
X Add			Ste 1000
Remove			Plantation, FL 33324
2) Change	DCPS	Douglas Vandekerkhove	8201 Peters Road
Add			Stc 1000
X Remove			Plantation, FL 3332
3) Change			SEP
Add			-3 F
Remove			
4) Change			D PAIR PAIR PAIR PAIR PAIR PAIR PAIR PAIR
Add			
Remove			
5) Change			
Add			
Remove			-
6) Change		<u> </u>	
Add			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
N/A		
		
		
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····	· · · · · · · · · · · · · · · · · · ·	<u> </u>
		19 S
		SEP SEP
	nange, reclassification, or cancellation of issued shares,	rry #
provisions for implementing the ame	ndment if not contained in the amendment itself:	- 1 PR 1
(if not applicable, indicate N/A)		PM 4: 01
N/A		57. 9
		

The date of each amendment(s) adoption: date this document was signed.		_, if other than
July 23, 2019 Effective date if applicable:		
(no more than 90 days after amendment file date)		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will r	not be listed as
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendmen by the shareholders was/were sufficient for approval.	ī(s)	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent	
"The number of votes cast for the amendment(s) was/were sufficient for approval		
by		
(voting group)		
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	SECKET der 317	19 SEP
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	AKY OF	-3 PM
Dated August 22, 2019 Signature August 22, 2019	F STATE F ORIDA	t: 0t
(By a director, president or other office) – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other components of a preceiver of the fiduciary by that fiduciary)	ırı	
Patricia R. Hume		
(Typed or printed name of person signing)		
Chief Executive Officer		
(Title of person signing)		