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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Codecrast Lab Inc
DOCUMENT NUMBER: N 13 0000 6597
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Shannon Landin
(Name of Contact Person)
Colecraft Lab Inc
(Firm/ Company)
2428 Invin S+
(Address)
Melbourne FL 32901
(City/ State and Zip Code)
Stanfor & codecraft kely orea Strannon & Codecraft works E-mail address: (to be used for future annual report notification) Com
For further information concerning this matter, please call:
Shannon Landin at 321-209 4674
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$252.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Codecraft Lab. The			
(Name of Corporation as	s currently filed with the F	lorida Dept. of State)	
Colecraft Lab, The (Name of Corporation as N 13 00000 6597			
(Docume)	nt Number of Corporation (i	f known)	
Pursuant to the provisions of section 617.1006. Florid amendment(s) to its Articles of Incorporation:	la Statutes, this <i>Florida Not</i>	For Profit Corporation adopts	the following
A. If amending name, enter the new name of the co	orporation:		
Collegate Foundation name must be distinguishable and contain the word "Company" or "Co." may not be used in the name.	The. "corporation" or "incorport	nted" or the abbreviation "Cor	The new p." or "Inc."
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADI</u>			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>		
D. If amending the registered agent and/or registe new registered agent and/or the new registered		da, enter the name of the	· · · ·
Name of New Registered Agent:			
New Registered Office Address:		(Florida street address)	
_		, Florida	
	(City)	(Zip Code))
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	gistered Agent: I am familiar with and acco	CRETAL LAHA	APR T
		gistered Agent, if chaseing	
	Page 1 of 4		-

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 X Remove X Add	PT V SV	John Doe Mike Jones Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name		Address	
1) Change			· 		
Add					
Remove					
2) Change					
Add					
Remove			•		
3) Change					
Add					
Remove					
4) Change	_				
Add			-		
Remove				<u> </u>	_
5) Change					
Add			_		_
Remove					
6) Change	_				
Add			•		·
Remove			-		

famending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: $4-9-2017$	
(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cas was/were sufficient for approval.	t for the amendment(s)
There are no members or members entitled to vote on the amendment(s). The amendment by the board of directors.	ndment(s) was/were
Dated 4-9-7017	
Signature (By the chairman or vice chairman of the board, president or oth have not been selected, by an incorporator – if in the hands of other court appointed fiduciary by that fiduciary)	
Christopher E. Strutman (Typed or printed name of person si	gning)
Chairman	
(Title of person signing)	