N16000004714

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	AGON PERFORMA ON:	NCE, INC.			
	N16000004714				
DOCUMENT NUMBER:				•	
The enclosed Articles of An	nendment and fee are subm	nitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
JOHN ROMAN					
	((Name of Contact Pers	on)		
		(Firm/ Company)			
2636 NW 2ND AVE					ಪ
		(Address)		_	<u> </u>
GAINESVILLE, FL, 32607	7				:5
-		City/ State and Zip Co	de)	· · · · · · · · · · · · · · · · · · ·	
JOHNTROMAN@GMAIL	СОМ				မှ
E	-mail address: (to be used	for future annual repor	t notification	n)	
For further information conc	cerning this matter, please o	all:			
JOHN ROMAN					
	(Name of Contact Person)		Area Code)	(Daytime Teleph	one Number)
Enclosed is a check for the f	following amount made pay	able to the Florida Dep	partment of S	State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & [Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	O Filing Fee cate of Status led Copy tional Copy is sed)	
Mailing 4	dda	C4			

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

AGON PERFORMANCE, INC.

AGOITT ERI ORIMINOD, INC	
(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
N16000004714	
(Document Num	ber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora FIXATION, INC.	
	The new
name must be distinguishable and contain the word "corpor "Company" or "Co." may not be used in the name.	ation" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	
C. Enter new mailing address, if applicable:	第 <u></u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	T.
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D. If amending the registered agent and/or registered off	ice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent:	
	(Flavida dana)
New Registered Office Address:	(Florida stroot address)
	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	
I hereby accept the appointment as registered agent. I am f	amiliar with and accept the obligations of the position.
	Signature of New Registered Agent, if 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 X/Remove X/Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change		-		
Add				
2) Change Add				
Remove 3) Change Add		- 		
Remove 4) Change Add				
Remove 5) Change Add				
Remove Remove 6) Change				
Add Remove			-	

attach additional sh	ling additional Art nects, if necessary).	(Be specific)					
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	e date of each amendment(s) adoption:e this document was signed.	, if other than the
	ective date if applicable:	
CIII	(no more than 90 days after amendment file date)	
	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nument's effective date on the Department of State's records.	be listed as the
Ado	option of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.	
	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.	
	Dated 9/13/18	
	Signature Orh Rona	
	(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
	JOHN ROMAN (703-434-1697	\mathcal{O}
	. (Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	