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R. WHITE

TO: Amendment Section

(

Division of Corporations
NAME OF CORPORATION: The People'S Plug, Inc. DOCUMENT NUMBER: N 16000000537
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Advisor Svall Name of Contact Person The People's Plug Fnc. Firm/Company 1040 W. 232d J. Address Tacksowill M. 32209 City/ State and Zip Code The Deaple's Plug I Damail Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Aarianne Israel at 104, 580 - 7584 Name of Contact Person at 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) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to

<u>_</u>	Articles of Incorporation	11 JON -2 WHILE 13
The People's	Plug Inc	
(Name of Con	rporation as currently filed with the Fl	orida Dept. of State)
	(Document Number of Corporation (if kr	lown)
ursuant to the provisions of section 607.1006,	•	·
Articles of Incorporation:	Fiorida Statutes, this Fiorida Froja Cor	poration adopts the following amending
If amending name, enter the new name o	f the corporation:	
		The ne
me must be distinguishable and contain to Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	"Corp," "Inc," or "Co". A profession	r "incorporated" or the abbreviational corporation name must contain the
Enter new principal office address, if app		
rincipal office address <u>MUST BE A STREE</u>	ST ADDRESS)	
		
	<u> </u>	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
	- -	
If amending the registered agent and/or r new registered agent and/or the new regi		er the name of the
	stered office address.	
Name of New Registered Agent		
	(Florida street address)	
New Paristaned Office Address	(,	rid.
New Registered Office Address:	(City)	, Florida(Zip Code)
w Registered Agent's Signature, if changing ereby accept the appointment as registered a	ag Registered Agent: gent. I am familiar with and accept the	obligations of the position.
		• • • • • • • • • • • • • • • • • • • •
	Signature of New Registered Agent, if	chanaina
	DIGINGIAL OF THEM REKUICIEG AREIG, If (~******* *

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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change	Title	Name Stephanie White	Address 4320 Sunbean Rd
Add Remove		1	Jacksonville, PL. 3225
2) Change Add			
Remove 3)ChangeAdd			
Remove 4) Change Add			
Remove 5) Change Add		<u> </u>	
Remove 6) Change Add		_	
Remove			

tach additional sheets, if necessary).	cles, enter change(s) here (Be specific)			
			<u> </u>	
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				•
				
an amendment provides for an exch	ange, reclassification, or c	ancellation of issued	shares.	
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rovisions for implementing the amer (if not applicable, indicate N/A)				
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The date of each amendment(s) adoption: Noy 30, 2017 date this document was signed.	_, if other than the
Effective date if applicable: May 30, 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 requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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) 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.	
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)	
Aarianne Israel (Typed or printed name of person signing)	
Secretary (Title of person signing)	