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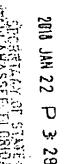
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COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	in Forsythe Inc.
DOCUMENT NUMBER: P00000	512404
The enclosed Articles of Amendment and fee are sub	omitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Hugh F	Name of Contact Person
Hoo	of Forsythe, Inc
	Jactmouth Ave N Address
5T. Pe	etersburg, Fl City/ State and Zip Colu
HughbForsy! E-maiPuddress: (to be use	the Domail. Comed for future annual report notification)
For further information concerning this matter, please	e call:
Hugh Forsythe Name of Contact Person	at (72) 744 - 5200 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Hugh Forsythe, INC.	
Hugh Forsythe, INC: (Name of Corporation as currently) P00000012404	filed with the Florida Dept. of State)
(Document Number of O	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
D. If amending the registered agent and/or registered office address: Name of New Registered Agent NAME Name of New Registered Agent	ss in Florida, enter the name of the
(Florida stree	raddress)
New Registered Office Address: NA	Tity) . Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
AA	
	gistered Agent, if changing ASS P 22 P 3 2

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	<u>\</u>	Lauren m. Forsythe	1510 Durtmouth Avel 5T. Pete, FL 33710
Remove 2) Change			
Add Remove			
3) Change			<u> </u>
Add			
4) Change Add			
Remove			
5) Change			
Remove			
6) Change			
Add			

. <u>If amending</u> (Attach <i>addit</i>	or adding additional A ional sheets, if necessary	rticles, enter chan:). (Be specific)	ge(s) here:			
	NA					
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If an amend	ment provides for an ex	change, reclassific	ation, or cancell	ation of issued sh	ares.	
provisions (if not a	for implementing the an applicable, indicate N/A)	<u>aendment if not co</u>	ntained in the a	nendment itself:		
NA.						
					· · · · · · · · · · · · · · · · · · ·	
						•
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			<u> </u>			
						

The date of each amendment(s) adoption:date this document was signed.	2-2-18	if other than the
27.2	re than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet t document's effective date on the Department of State's re	the applicable statutory filing requirements.	
Adoption of Amendment(s) (CHECK Of	<u>NE</u>)	
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ders. The number of votes cast for the amen	idment(s)
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group er		
"The number of votes east for the amendment(s)) was/were sufficient for approval	
by(voting group	" p)	
☐ The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and sha	areholder
The amendment(s) was/were adopted by the incorpora action was not required.	ators without shareholder action and shareho	older
Dated 1-18-18 Signature Hugh B.	Forthy	
	other officer – if directors or officers have no – if in the hands of a receiver, trustee, or other iductory)	
Hoar (Typed on	b. Forsythe, printed name of person signing)	
Presid	ent /owner (Title of person signing)	