P00000032572

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TO: Amendment Section

Division of Corporations NAME OF CORPORATION: 352, INC. DOCUMENT NUMBER: P00000032572 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Geoffrey Wilson Name of Contact Person 352, INC. Firm/ Company 817 W Peachtree St NE, Suite 201 Address Atlanta, GA 30309 City/ State and Zip Code geoff@352inc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: _ at (\frac{352}{\text{Area Code & Daytime Telephone Number}} Geoffrey Wilson Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with the Florida Dept. of State)

	Articles of Ame	ndment	ì	
to Articles of Incorporation				
	of		100	٥
52, INC.				6
	poration as currently fi	iled with the Florida Dept. o	of State)	25
00000032572			· (, · · ·	<u>ි</u>
(Document Number of Co	orporation (if known)		٠.,
rsuant to the provisions of section 607.1006, Articles of Incorporation:	Florida Statutes, this <i>Flo</i>	orida Profit Corporation ado	pts the following amendr	ment(s) to
If amending name, enter the new name of	the corporation:			
HREE FIVE TWO, INC.				
ime must be distinguishable and contain th			The ne	
Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	"Corp," "Inc," or "Co	". A professional corporation		
Enter new principal office address, if app	licable:			_
rincipal office address <u>MUST BE A STREE</u>	<u>T ADDRESS</u>)		1	
				-
				=
. Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFIC				_
	•			-
				-
. If amending the registered agent and/or re	egistered office address	s in Florida, enter the name	of the	
new registered agent and/or the new regis				
Name of New Registered Agent				
	(Florida street)	address)		
	(
New Registered Office Address:	(Ci.		·lorida (Zip Code)	-
	(0)	(y)	(Eq. Code)	
ew Registered Agent's Signature, if changin	na Dagietarad Anont			
nereby accept the appointment as registered a		i and accept the obligations ε	of the position.	
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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.

Mike Jones, V as Remove Example:	e, and Sai	lly Smith. Sv as an Ada.	
X Change	<u> 177</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Add			1
Kemove			

	(Be specific)	
		
	sange reclassification or cancellation of issued charge	
f an amendment provides for an exch	lange, reclassification, or cancenation or issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
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If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	

The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date if applicable:	4/8/19	ļ
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of S	ot meet the applicable statutory filing requirements, this date State's records.	will not be listed as the
Adoption of Amendment(s) (CHI	ECK ONE)	
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap	shareholders. The number of votes east for the amendment(s) pproval.	
	shareholders through voting groups. The following statemen group entitled to vote separately on the amendment(s):	t
"The number of votes cast for the amend	dment(s) was/were sufficient for approval	
by(voti	ing group)	
■ The amendment(s) was/were adopted by the b action was not required.	poard of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the in action was not required.	neorporators without shareholder action and shareholder	
	dent or other officer – if directors or officers have not been reporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary t	by that fiduciary)	
Geoffrey Wi		
(1)	Typed or printed name of person signing)	•
President		
	(Title of person signing)	- —

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