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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: EQWEST, INC.					
DOCUMENT NUMBER: P02000003004					
The enclosed Articles of Amendment and fee are su	bmitted for filing.				
Please return all correspondence concerning this ma	tter to the following:				
MARK S. GRAND, ESQ.					
	Name of Contact Person				
GRAND & GRAND, P.A.					
	Firm/ Company				
4010 Sheridan Street					
	Address				
Hollywood, FL 33021					
	City/ State and Zip Code				
pierreigl@hotmail.com					
E-mail address: (to be us	ed for future annual report notification)				
For further information concerning this matter, pleas					
	at (954) 989-2889 Area Code & Daytime Telephone Number				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made p	payable to the Florida Department of State:				
\$35 Filing Fee \$\text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 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

EQWEST, INC.		
(Name of Corporatio	on as currently filed with the Florida Dept, of State	
P02000003004		
(Docum-	ent Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the con	rporation:	
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the d	" "Inc," or "Co". A professional corporation name	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)	1 <u>2</u> 88 6
		- \$3 0
C. Enter new mailing address, if applicable:		29 555
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
	-	
		을 ??
D. If amending the registered agent and/or register- new registered agent and/or the new registered of		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	"Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent is a registered agent.		sitton
т негеоу иссерт те арронитет из гезывитей изет.	i am jammar wim ana accept the conganous of the po	urn with
Signo	ature 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	<u>PT</u>	John Doe .	
X Remove	¥	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	DVPS	SUSAN ELVIDGE	9559 Collins Avenue
Add			Suite 801S.
X Remove			Surfside, PL 33154
2) X Change	PSTD	MARK T. ELVIDGE	14 Tebeau Terrace
Add			Grand Isle, VT 05458
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	-		
Remove			***************************************
6) Change			
Add			
Remove			

Atte	nmending or adding additional Articles, enter character additional sheets, if necessary). (Be specific,	1			
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f ar	an amendment provides for an exchange, reclass rovisions for implementing the amendment if no (if not applicable, indicate N/A)	ification, or canc contained in the	ellation of issued amendment itsel	<u>shares,</u> f <u>:</u>	
				_	
		<u></u>			

The date of each amendment(s) ad date this document was signed.	option:	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this coartment of State's records.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment ficient for approval.	l(s)
☐ The amendment(s) was/were appropriately provided for a	raved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted action was not required.	oted by the board of directors without shareholder action and shareholder	der
☐ The amendment(s) was/were adopted action was not required.	oted by the incorporators without shareholder action and shareholder	
Dated	December 93, 2016	
Signature	Ment	
(By a disselected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other conditional distribution by that fiduciary)	
_	MARK T. EZVZIGE	
	(Typed or printed name of person signing)	
_	PRESIDENT	
_	(Title of person signing)	