P0200012597

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COVER LETTER

TO: Amendment Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
NAME OF CORPORATION: Experience Forida Inc.
DOCUMENT NUMBER: P0200012597
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person Experiency Florida Inc. dba Access Pertraition fervices For Firm/ Company 6881 Kingspairle Ankway Suite 2- Address Orlando Ft. 32819 City/ State and Zip Code Kelly. May Cacces is dmc. Lom E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (407) 448-0753 Area 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) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$52.50 Filing Fee Certificate of Status (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Experience Forida Inc. (Name of Corporation as P02000012597	
(Name of Corporation as	currently filed with the Florida Dept. of State)
P02000012597	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	ation:
	The new
	orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	(S_{ij})
	是 8 四
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	The second secon
	<u> </u>
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
(1)	clorida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere	
I hereby accept the appointment as registered agent. I am	familiar 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	CFO	Philip Lehman	6)6881 Krigsponte Pkny. Svite 2 Oclando, FL 32819
Add			Oclando Ft 32819
Remove			(H) 28 Marsh Corcel Rd. Fernanding Brech, Fr. 32034
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate, WA)	n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)	Attach additional	Iding additional Articles, enter sheets, if neversary). (Be sp	ecific)			
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The date of each amendment(s) adoption:date this document was signed.	, if other than
Effective date if applicable:	
(n	o more than 90 days after amendment file date)
Note: If the date inserted in this block does not n document's effective date on the Department of Stat	neet the applicable statutory filing requirements, this date will not be listed as e's records.
Adoption of Amendment(s) (CHEC)	K ONE)
☐ The amendment(s) was/were adopted by the shar by the shareholders was/were sufficient for appro	reholders. The number of votes cast for the amendment(s) oval.
	areholders through voting groups. The following statement up entitled to vote separately on the amendment(s):
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by(voting	<u></u>
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☐ The amendment(s) was/were adopted by the inco action was not required.	rporators without shareholder action and shareholder
Dated 12-18-18 Signature	
Signature A Risk	M
(By a director, president	t or other officer - if directors or officers have not been
selected, by an incorpor appointed fiduciary by	rator – if in the hands of a receiver, trustee, or other court that fiduciary)
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