P020000999109

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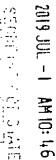
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FOUNDATION C	ONSULTANT	S CORPOR	ATION		
DOCUMENT NUME	BER: P02000099969					
	of Amendment and fee are su					
Please return all corres	pondence concerning this ma	tter to the follo	wing:			
		MICHAEL TO	WNER			
	Name of Contact Person					
	ICONIC LEGACY					
•		Firm/ C	Company			
	22809 PACIFIC COAST HIG	GHWAY				
	Address					
	MALIVU, CA 90265					
,		City/ State a	and Zip Code	e		
ICON	ICLEGACIES@GMAIL.CO	M				
	E-mail address: (to be us		nnual report	notification)		
	,		•	•		
For further information	concerning this matter, pleas	se call:				
MICHAEL TOWNER	at (561	789-1689			
Name o	f Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the f	Florida Depa	artment of State:		
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Fil Certified C (Additional enclosed)	Copy I copy is	Certificate of Status		
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301		

Articles of Amendment to Articles of Incorporation

FOUNDATION CONSULTANTS CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State) P02000099969 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: ICONIC LEGACY DEVELOPMENT AND PROMOTION, INC. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/AB. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent N/A (Florida street address) , Florida_ N/A New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: 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>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) N/A Change		-		
Add				
Remove				
2) Change				
Add			-	
Remove				
3)Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Ramova				

If amending or adding additional Artical (Attach additional sheets, if necessary).	(Be specific)
A	
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<u> </u>	
	<u> </u>
If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
A	
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•	N/A	
The date of each amendment(s)		, if other than the
date this document was signed.		ı
Effective date if applicable:	/17/19	
<u> uppieuoit</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided j	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
N/A		1
by	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
06.14.20 Dated Signature	Matt Cons	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	MICHAEL TOWNER	i
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

I