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(Re	equestor's Name)			
(Ac	ldress)	100 Marie (110)		
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL.		
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COVER LETTER

TO: Amendment Section Division of Corporations	g (1) to the state of the state	e i i i i i i i i i i i i i i i i i i i
NAME OF CORPORATION: ACME	EQUIPMENT C	OMPANY
DOCUMENT NUMBER: P030	00000073	<u></u>
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
DAVID Nam	SHAPPEU:	
ACME E	COUPMENT (Firm/Company	COMPANY
1032 0	CONCERT A	E
SPRING City/ PE-mail address: (to be used to	Address HILL FL 34 State and Zip Code MENT 123 @ YA or future annual report notification)	1609 400 COM
For further information concerning this matter, plants of Contact Person	ease call:at (352)_6/0 3 Area Code & Daytime Tele	phone Number
Enclosed is a check for the following amount mad	le payable to the Florida Depart	ment of State:
\$35 Filing Fee & Certificate of Status	\$43.75 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

(Name of Corporation as curre	EUVIPMEN On the filed with the Florida	Dent of State)	9
// 17 0	00000073	sept. or state)	
	ber of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	5, Florida Statutes, this <i>Flo</i>	rida Profit Corporation ad	opts the following
A. If amending name, enter the new name of	the corporation:		
		•	. The new
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp." "Inc."	" or "Co". A professional	ed"_or_the corporation
B. Enter new principal office address, if app			_
(Principal office address MUST BE A STREE	TADDRESS)		6
			٣١١ ك
C. Enter new mailing address, if applicable:			-6-
(Mailing address MAY BE A POST OFFIC	CE BOX	The contract of the contract o	3 0
•		TE	3. 3.
			0
D. If amending the registered agent and/or r new registered agent and/or the new regis		Florida, enter the name of	the
Name of New Registered Agent:			
vame of New Negistered Agent.			
New Registered Office Address:	(Florida street ad	dress)	
		***	•
-	(City)	, Florida (Zip Code)	
	•	(27, 60,00)	
New Registered Agent's Signature, if changin I hereby accept the appointment as registered ag		d accept the obligations of th	ne position.
. Si	ignature 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)

Type of Action Title Name Address DAVID SHAPPELL FL346A Remove ☐ Add □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. 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 N/A)

The date of each amendment(s) ac		10 .	
TOO All of the second of the s	(daty of adopti	on is required)	•
Effective date if applicable: (no	more than 90 days after amer	ndment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adby the shareholders was/were su		ne number of votes	cast for the amendment(s)
The amendment(s) was/were ap must be separately provided for	proved by the shareholders the each voting group entitled to	rough voting group vote separately on	s. The following statement the amendment(s):
"The number of votes cast	for the amendment(s) was/we	re sufficient for app	roval
by	•	,,,	:
(vot	ing group)	. ,	
 The amendment(s) was/were ad action was not required. The amendment(s) was/were ad action was not required. 	,		
Dated	1.110 All All		
selected,	rector, president or other offic, by an incorporator – if in the ed fiduciary by that fiduciary)		
· · ·	Ayped or printed nar	HAPPELL me of person signin	g)
	(Title of person signing)	ENT	· · · · · · · · · · · · · · · · · · ·