

## COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPO	RATION:	<u> </u>		
DOCUMENT NUM	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	iter to the following:		
	Winfield Scott Bruce			
	-80-91	Name of Contact Persor	1	
	Tempacure, Inc.			
		Firm/ Company		
	325 S. Cedar Avenue			
		Address		
	Niceville, FL 32578			
	••••	City/ State and Zip Code	2	,
For further informatio Winfield Scott Bruce	n concerning this matter, plea	850	6782665	
Name	of Contact Person	at ( Area Coo	_/	
	r the following amount made			
■ \$35 Filing Fee	□\$43.75 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)	
Ame Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

#### Articles of Amendment to Articles of Incorporation of

Tempacure, Inc.

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

P03000107409

(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:

The new 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."

<ol><li>Enter new principal office address, if applicable:</li></ol>	
(Principal office address MUST BE A STREET ADDRESS)	

C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)

325 S. Cedar Avenue	501
Niceville, FL 32578	

e B

registered agent and/or the new	w registered office address:	
Name of New Registered Agent	Scott Winfield Bruce	
	325 S. Cedar Avenue Suite B	
	(Florida street address)	
<u>New Registered Office Address:</u>	Niceville	J2578
<u>nen negative Office Autress</u> .		(Zip Code)

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.

And 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:

John Doo

DT

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:

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X Change	<u>PT Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
<u>X</u> Add	<u>SV Sa</u>	ally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	William C. Burke	118 Dana Pointe
Add Remove			Niceville, FL 32578
2) Change	D	Winfield Scott Bruce	325 S. Cedar Avenue Site B
X Add			Niceville, FL 32578
Remove			
3) Change			
Add Remove			
4) Change		<u> </u>	
Remove			
57 Change			<u> </u>
Remove			
6) Change			<u></u>
Add			
Remove			

# E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

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N/A\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_ ----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) <u>/</u>A N 

	October 17, 2018	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Oct	ober 17, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	date)
Note: If the date inserted in this b document's effective date on the De	block does not meet the applicable statutory filing require epartment of State's records.	ments, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the afficient for approval.	e amendment(s)
	proved by the shareholders through voting groups. The foll r each voting group entitled to vote separately on the amend	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action a	ind shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and s	hareholder
Dated 11 -	- 6 - 18	
Signature	-6-18 WCNQe	
(By a d	lirector, president or other officer - if directors or officers h	
	ed, by an incorporator – if in the hands of a receiver, trustee. ated fiduciary by that fiduciary)	, or other court
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	(Title of person signing)	
	(Title of person signing)	

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