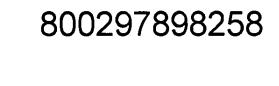
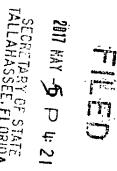
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JON FURY, Inc. DOCUMENT NUMBER: POS 000/45655				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Jonathan M Fyhrie Name of Contact Person				
Ton Fury, Inc				
112 Nt 2nd St				
Address D - D - T				
Boca Ration FL 33432				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Tonathan M Fyhvie at (561) 302 1517 Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) 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				



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2017

JONATHAN M FYHRIE 112 NE 2 ST BOCA RATON, FL 33432

SUBJECT: JON FURY, INC Ref. Number: P03000145655

We have received your document for JON FURY, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This is a registered agent-change-you can only change the registered agent not officers and directors. You will need to file the Articles of Amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 217A00007302

Articles of Amendment to Articles of Incorporation

FILED

	Articles of Incorporate	on	
***	of		nnen
	N FURY I		2017 MAY -4 P 4: 21
(Name of Cor	poration as currently filed w	ith the Florida	a Dept. of State)
P	030001456	55	SECRETARY OF STATE TALLAHASSEF, FLORIDA
(1	Document Number of Corpora	tion (if known)	
ursuant to the provisions of section 607.1006, s Articles of Incorporation;	Florida Statutes, this <i>Florida</i> I	^o rofit Corpora	tion adopts the following amendment
. If amending name, enter the new name of	the corporation;		
ume must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"	"Corp," "Inc," or "Co". A	ipany," or "ir professional co	The new neorporated" or the abbreviation proporation name must contain the
Enter new principal office address, if appl	licable:		
rincipal office address <u>MUST BE A STREET</u>			
			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC			
(Matting address MAT BE A POST OFFIC	<u>.E. BUX</u>)		
If amending the registered agent and/or re		<u>orida, enter th</u>	e name of the
new registered agent and/or the new regis	tered office address:		
Name of New Registered Agent			
	· (Florida street addres	s)	
	·	,	
New Registered Office Address:	(City)		, Florida
	(Cuy)		(Zip Code)
•			
ew Registered Agent's Signature, if changin hereby accept the appointment as registered ag		eccept the oblig	ations of the position.
<u></u>	Sionature of New Registered	Anant if aba-	

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> <u>Jol</u>	<u>hn Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	SV Sa	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	<u>VS</u>	Deborah S Fyhrie	112 NE 2nd St
Add			Boca Raton
Remove			Florida 33432
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

attach additional sheets, if necessary).	(Be specific)	NA
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an amendment provides for an exch	ange, reclassification	n, or cancellation of issued shares.
rovisions for implementing the amen	dment if not contai	ned in the amendment itself:
(if not applicable, indicate N/A)		NA

date this document was signed.	loption:	, if other than th
Effective date if applicable:	APRIL 1, 2017 (no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	plock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendmen flicient for approval.	u(s)
	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required,	pted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	ay 1 2017	
Signature	Tonaila M The rector, president or other officer - if directors or officers have not been	
selected	rector, president or other officer – if directors or officers have not been a nincorporator – if in the hands of a receiver, trustee, or other coed fiduciary by that fiduciary)	n urt
_	Tonathan M Fyhrie (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
-	(Title of person signing)	