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COVER LETTER

TO: Amendment Section Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) 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

Articles of Incorporation

H+5 Site Pro	o Inc.					
(Name of Corpora	tion as currently	y filed with the Florid	a Dept. of State)		_	
10400003	0400					
(Docu	iment Number of	Corporation (if known	1)			
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this I	Florida Profit Corpora	ation adopts the following	lowing amer	ndmen	t(s) to
A. If amending name, enter the new name of the	corporation:					
					new	
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword" (chartered, "professional association," or the	rp." "Inc." or "(Co". A professional i	incorporated" or t corporation name t	the abbrevi must contai	ation n the	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD						
		<u> —</u>				
C. Enter new mailing address, if applicable:			-			
(Mailing uddress MAY BE A POST OFFICE B	OX)			_ `	I	
			•	- ACR	₽	77
				AS S	6 2	F
D. If amending the registered agent and/or regist	tered office addr	ess in Florida, enter (the name of the	用宝	3	
new registered agent and/or the new registere					⊋ ∴	
Name of New Registered Agent		······································			ίλ	
		·	·	٠ جو	-	
	(Florida str	eet address)				
New Registered Office Address:		(City)	, Florida	(Zip Code)		
		•				
Nove Devictored Accepts Signature of clausing D						
New Registered Agent's Signature, if changing Reliable I hereby accept the appointment as registered agent.			ligations of the posi	ition.		
Sig	gnature of New R	egistered Agent, if cha	inging			

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 = 1'ice 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	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change	Title	Stephanie C.	Address 2389 NE SAGE ROOL Mayo, 71 32066
Add Remove	∨£	2 William Heath	
2)	<u>V C</u>	Walker	2389 NE Sage Road Mayo, Fl. 32066
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove	****		
6) Change Add Remove			

If amending or adding additional A (Attach additional sheets, if necessary)	. (Be specific)	TAMELY.		
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	·			
If an amendment provides for an exprovisions for implementing the an (if not applicable, indicate N/A)	nendment if not cont	ion, or cancellation (ained in the amendu	of issued shares, gent itself:	

				· · · ·

date this document was signed.	noption:, if other than in
Effective date if applicable:	(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 be document's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"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 and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	8/17/17
Signature	
	lirector, president or other officer – if directors or officers have not been
	ed, by an incorporator — if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)
Wa	(Typed or printed name of person signing)
	President.
	(Title of person signing)