P0400093608

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2017 JUL 27 AM II: 55 SELANDASSEE, FLORID

C. GOLDEN AUG -2 2017

COVER LETTER

Division of Corporations						
NAME OF CORPORATION: T. I. D. C. In C. DOCUMENT NUMBER: POYCOOO 93608						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Chris Ryan Name of Contact Person Any B Van Loca PA Firm/ Company 1666 W. Hissen Blud Unit A Address Melbourne 76 32901 City/ State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Chris Ryan at (321) 345-5945 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 Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)						

TO: Amendment Section

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

FILED

55

	of	2017 JUL 27 AM II:
(Name of Corporation as cu	rrently filed with the Flo	orida Dept. of State) ALLAHASSEE, FLOR
1. I. D.C. Tox		<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
(Document Nur	mber of Corporation (if kno	
ursuant to the provisions of section 607.1006, Florida Statutes Articles of Incorporation:	es, this <i>Floridu Profit Corp</i>	poration adopts the following amendment(s) to
. If amending name, enter the new name of the corporati	on:	
		The new
ame must be distinguishable and contain the word "corp." "Inc.," or Co.," or the designation "Corp," "Inc. ord "chartered." "professional association," or the abbrevi	" or "Co". A profession	
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office new registered agent and/or the new registered office a		er the name of the
Name of New Registered Agent Robins	Sardland	
401 Huy A	14 # 11 Sate	Plite Boach 7132937
New Registered Office Address:		Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered	Agent:	
hereby accept the appointment as registered agent. I amfai	miliar with and accept the d	obligations of the position
Signature of	New Registered Agent, if o	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	PT John	n Doe			
X Remove	Y Mik	<u>Mike Jones</u>			
X Add	SV Sail	y <u>Smith</u>	,		
Type of Action (Check One)	Title	Name	<u>Addres</u> s		
1) Change Add Remove	\mathcal{D}	Barry Sandland	401 Huydia #111 Saleleite Beach 74 3295		
2) Change Add Remove	D	Robin Sandland	Satellite Reach 76 3293		
3) Change Add Remove					
4) Change Add Remove					
5) Change Add Remove					
6) Change Add Remove					

If amending or adding additional Arti- (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
11/10	
NA	

	·
	·
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
Shaves issued -	to Barry Sandland will be uissued
to Rubin San	dlard
19 PA - 19 PA	
<u> </u>	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	······································
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	ill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	ŕ
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	-
Dated 7/12/17	
Signature Temp Level Signature	<u> </u>
selected, by an incorporator – it in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	•
Dive doe	
(Title of person signing)	