## P04000114693

(Re	equestor's Name)			
(Ad	ldress)	· · · · · ·		
(Ad	idress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



900256988629

02/24/14--01004--004 \*\*35.00

14 FEB 24 PM 4: 58

Arend.
02/25/1x

## **COYER LETTER**

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: PSICOAXIS Corporation  DOCUMENT NUMBER: POHODO114693					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person Poi co axio Corporation Firm/dompany 888 Brockell Key Dr. #2802 Address Hiami FL 33131 City/ State and Zip Code  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person  at (305), 381 -5886  Area Code & Dustime 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)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building					

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

**Articles of Amendment** Articles of Incorporation of filed with the Florida Dept. of State) 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: name must be distinguishable and contain the word "corporation," "company," or "Morporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional conforation name past contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered affice address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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)

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>	John Doc	$\mathcal{N}$		
X Remove	<u>v</u>	Mike Jones	, , )	$\lambda$	
_X Add	<u>sv</u>	Sally Smith	() / (	\	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	// /	Address	
1) Change			\		
Add					
Remove					
2) Change		<del></del>	/		
Add			. /		
Remove					
3 ) Change	<del></del>				
Add					
Remove		/			
4) Change					<del></del>
Add					
Remove					
5) Change					
Add		<del></del>			
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
Psicoaxis is a corporation dedicated to
activities related to psychology and entertainment
Chat's Videos Conferences Digital programs.
Sell Natural froducts including internet 3des
Book Sales regarding outhor ship of Draffbares
Additional activities related to the entertainment
industry. Additional Activities related to
Obuchology:
PAGE
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the amendment if not contained in the amendment itself;</u> (if not applicable, indicate N/A)
NIA
10 (11

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	_
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 east 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.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Duted 2182014	
Signature (By a director) president or other officer – if directors or officers have not been	_
selected, by an incorporator—if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
* Nancy Alvarez	_
(Typed or printed name of person signing)	
(Title of person signing)	<del></del>