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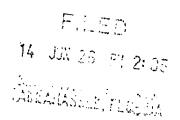
R. WHITE

COVER LETTER

TO: Amendment Section Division of Corpo					
NAME OF CORPORATION: ODE & SONS CORP					
	DOCUMENT NUMBER: P050000539				
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	FE	RNANDO ODE			
		Name of Contact Persor	1		
	ODE & SONS CO	PRP/DBA LAS AI	MERICAS NOTARY		
		Firm/ Company			
		6020 RADIO R	D		
	Address				
		NAPLES FL 34	104		
		City/ State and Zip Code	e		
	ODEAII	R@HOTMAIL.C	OM		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information concerning this matter, please call:					
FERNANDO	ODE	at (239_	, 825-6249		
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	□\$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)		
Mailing Address		Street Address			
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building					
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



ODE & SONS CORP

P0500000539

endment(s) to

(Documer	nt Number of Corporation	ı (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is <i>Florida Profit Con</i>	poration adopts the following am	endme
A. If amending name, enter the new na	ame of the corporation:			
				e new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professio	or "incorporated" or the abbre nal corporation name must conto	viation ain the
B. Enter new principal office address,	if applicable:	6020 RA	RADIO RD	
(Principal office address MUST BE A S	TREET ADDRESS)	NAPLES	FL 34104	
C. Enter new mailing address, if applia		6020 RA	DIO RD	
(Manual San 1997)	<u>0.11.102.5015</u>	NAPLES	FL 34104	
D. If amending the registered agent an new registered agent and/or the new			ter the name of the	
Name of New Registered Agent	LAS AMERICAS NOTARY & TAY SERVICES		RVICES	
Hame of How Hogister our Agent	6020 RADIO F	RD		
	(Florida	street address)		
New Registered Office Address:	NAPLES		, Florida 34104	
	(Ci	(ty)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Age	ent:		
I hereby accept the appointment as regist			obligations of the position.	
	pugu	4500 		
Si	guature of New Registere	d Agent, if changing		
	\smile			

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Р	FERNANDO ODE	6020 RADIO RD
Add			NAPLES FL 34104
Remove			
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if nece				
<u></u>				
		<u> </u>		
F. If an amendment provides for provisions for implementing (if not applicable, indicate	he amendment if no	sification, or cance of contained in the	llation of issued shamendment itself:	ares.
		· · · · · · · · · · · · · · · · · · ·		

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)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following star 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.	nolder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	श
Dated6/23/2014	
Signature Desiando	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
FERNANDO ODE	
(Typed or printed name of person signing)	
Fundent	
(Title of person signing)	