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Amend

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COVER LETTER

TO: Amendment Sect Division of Corp				•
NAME OF CORPOR	RATION: OFLC, Inc			
DOCUMENT NUMB	BER: P05000067432			
	of Amendment and fee are su	bmitted for tili	ng.	
Please return all corre	spondence concerning this ma	tter to the follo	wing:	
	Karen Confalone			
		Name of Co	ontact Person	
	OFLC, Inc			
		Firm/ (Company	
	PO Box 415			
		Add	dress	
	Rye Beach, NH 03871	Adi	u1C33	
		City/ State a	and Zip Code	
	karen1111@aol.com			
	E-mail address: (to be us	sed for future a	nnual renort	notification)
	, , , , , , , , , , , , , , , , , , ,			,
For further informatio	n concerning this matter, pleas	se call:		
Karen Confalone		at (603	777-7208
Name	of Contact Person	· · · · · ·	Area Coc	le & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the	Florida Depa	rtment of State:
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified ((Additional enclosed)	Copy I copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	ling Address endment Section ision of Corporations Box 6327 ahassee, F1, 32314		Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

OFLC, Inc	<u></u>	
(Name of Corporation as cu	rrently filed with the Florid	a Dept. of State)
P05000067432		
(Document Num	nber of Corporation (if known	n)
Pursuant to the provisions of section 607.1006. Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corpora</i>	tion adopts the following amendment(s)
A. If amending name, enter the new name of the corporation	on:	
N/A		The new
name must be distinguishable and contain the word "corporation "Inc.," or Co.," or the designation "Corp," "Inc." or "Corporation" "chartered," "professional association," or the abbreviation	o". A professional corpora	
B. Enter new principal office address, if applicable:	N/A	QD.
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
C. Enter new mailing address, if applicable:	***	疆 2
(Mailing address MAY BE A POST OFFICE BOX)	N/A	
		95. 6
		
D. If amending the registered agent and/or registered offic	e address in Florida, enter t	he name of the
new registered agent and/or the new registered office ac	ddress:	
Name of New Registered Agent N/A		
(Flor	rida street address)	
New Registered Office Address: N/A		, Florida
Hen Registered Office Address.	(City)	(Lip Code)
New Registered Agent's Signature, if changing Registered A hereby accept the appointment as registered agent. I am fan	Agent:	inations of the position
т петепу иссерь те арронитет их гедіметей идет. Тат зап	инал <i>жил ила ассер</i> л те от	ganns of the position.
Signature of:	New Registered Agent, if char	nging
Check if applicable		
☐ The amendment(s) is/are being filed pursuant to s. 607.0120	0 (11) (e), F.S.	

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)

Example:

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.

X Change	<u>PT</u>	John Doe		
\underline{X} Remove	<u>v</u>	Mike Jon	<u>ies</u>	
X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>]	<u>Name</u>	Address
1) Change	PD	_	JAMES CONFALONE	PO BOX 415
X Add				RYE BEACH, NH 03871
Remove				
2) Change			······	
Add				
Remove 3) Change				
Add				
Remove				
4) Change		. -	· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Artic (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	(ac specially
 	
··	
E. If an amandment provides for un evab	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:
N/A	
	
·-··	

) 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 thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) a sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	·
	(voting group)
SEPTE Dated	MBER 17, 2020
Signature	Taran Confalone
(By sele	a director, president of other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	KAREN CONFALONE
	(Typed or printed name of person signing)
	PD
	(Title of person signing)

. . . .