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Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ACE'S HIGH TAT	TTOO, INC.	
DOCUMENT NUME	BER: P05000101370	<u>.</u>	<u> </u>
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	John Wylie		
		Name of Contact Person	1
	Ace's High Tattoo, Inc.		
		Firm/ Company	
	5946 Okeechobee Blvd	rank company	
		Address	
	West Palm Beach, FL 33417	7	
		City/ State and Zip Cod	<u></u>
eulog	yrex@aol.com		
	-	sed for future annual report	notification)
	,	· · · · · · · · · · · · · · · · · · ·	•
For further information	concerning this matter, pleas	se call:	
John Wylie		at (
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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)
Ame Divi P.O.	ling Address Induction Ind	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ACE'S HIGH TATTOO, INC.				
(Name of Corporation	as currently filed with th	e Florida Dept. of State)	
P05000101370				
(Document	Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit	Corporation adopts the fi	oflowing a	mendment(s) to
A. If amending name, enter the new name of the corpo	oration:			
			T	he new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abb	Inc," or "Co". A profe.		the abbr	reviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u></u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			SECICI	7011 act
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		, enter the name of the	SSECTION OR	SI PHE
Name of New Registered Agent			<u> </u>	5
 	(Florida street address)			
New Registered Office Address:	W2:	, Florida	<i>Eli</i> : <i>C</i> !	
	(City)		(Zip Coa	!e)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	n familiar with and accep		sition.	
Signatu	re of New Registered Agen	it, 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	PT	John Doe	
X Remove	Y	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
i) Change	<u>v</u>	Philip Carlucci	5946 Okeechobee Blvd
X Add			West Palm Beach, FL 33417
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change		~	
Add			
Damoua			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
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	·
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
4.6	
(if not applicable, indicate N/A)	

The date of each amendment(s) a date this document was signed.	doption:, if other than th
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 10	- 30 - 2017
Signature	
(By a select	director, 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 officers by that fiduciary)
	John Wylie
	(Typed or printed name of person signing)
	President
	(Title of person signing)