P05000 117717

(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Na	me)
(De	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400313042604

05/08/18--01020--007 **35.00



MAY 1 0 2010

T I Did trame ...

COVER LETTER

TO: Amendment Section Division of Corporations

٠,

NAME OF CORPORA	ATION: VIRTUOX, INC.		
DOCUMENT NUMBI			
The enclosed Articles of	f Amendment and fee are sul	bmitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
S	TEVEN F LICA		
_	· · · · · ·	Name of Contact Persor	1
\	/IRTUOX, INC.		
_		Firm/ Company	
5	850 CORAL RIDGE DRIVI	E #304	
_		Address	
C	CORAL SPRINGS, FL 33076	5	
_		City/ State and Zip Code	2
accoun	ting@virtuox.net		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
STEVEN F LICA		954 at (de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. I	ng Address Idment Section Idmon of Corporations Box 6327 Inassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

VIRTUOX, INC.	
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P05000117717	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	<u>u</u>
N/A	The new
name must be distinguishable and contain the word "corpor" "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," word "chartered," "professional association," or the abbreviati	ration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 new registered agent and/or the new registered office add Name of New Registered Agent N/A	
Name of New Registered Agent	
(Floria	la street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am family Signature of N.	

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 Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	KYLE MIKO	5850 CORAL RIDGE DRIVE #304
X Add			CORAL SPRINGS, FL 33076
Remove			
2) Change	S	JONATHAN FEDELE	5850 CORAL RIDGE DRIVE #304
X Add			CORAL SPRINGS, FL 33076
Remove			
3) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
			
Add			
Remove			

If amending or adding (Attach additional sheet) N JA					
	- 				
-			<u> </u>		
					<u></u>
			10. E		
					
If an amendment prov provisions for implen (if not applicable,	enting the amendm	e, reclassification	n, or cancellation of ned in the amendme	issued shares, nt itself:	
					
-					
					\

The date of each amendment(s) date this document was signed.	adoption:, if other than the
,	/2018
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the E	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 ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	,"
,	(voting group)
☐ The amendment(s) was/were acceptance acce	lopted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were acceptation was not required.	dopted by the incorporators without shareholder action and shareholder
4/1/2018 Dated	
Cimmatuma	
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 nted fiduciary by that fiduciary)
	STEVEN F. LICA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)