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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: <u>FOITH CON, INC.</u> DOCUMENT NUMBER: #P060000/87/7; SofFL Re6# G/100004
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARC D. BALDIN
Name of Contact Person
EOITGH. COM, INC
2200 Wynter Grang Blog. Gre 106-761
OVICOO 176 32765  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 (407, 766755)  Area Code & Daytime 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)  \$52.50 Filing Fee Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

14 SEP 18 PM 4: 10 **Articles of Amendment** Articles of Incorporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) 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: WE TUST WANT to DREP the name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must 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 office address: Name of New Registered Agent (Florida styce) New Registered Office Address: Florida (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby 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)

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		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		Address
1) Change				
Add			1	
Remove				
2) Change			-//	\
Add				
Remove				<del>                                     </del>
3) Change		_ /——		
Add			1 14-	
Remove			1 11	49444
4) Change		_/		
Add Add				<del></del>
Remove		l		
5) Change			<i>J</i>	
Add				-
Remove				
6) Change				
Add				
Remove				

xuaen <i>aaaition</i>	adding additional Articles, enter change(s) here: al sheets, if necessary). (Be specific)
	J
an amendme	nt provides for an exchange, reclassification, or cancellation of issued shares,
<u>provisions for</u>	implementing the amendment if not contained in the amendment itself:
(if not app	licable, indicate N/A)

The date of each amendment(s) adoption:  date this document was signed.	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	<u></u>
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 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.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.  Dated  Dated	
Signature Mark To Malallul	_
(By a director, president of 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)	
(Typed or printed name of person signing)	
(1) ped of princed mains of person signing)	
(Title of person signing)	<del>-</del>