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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: Techshell Inc. DOCUMENT NUMBER: P06000029339 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Haile Bekele Name of Contact Person Techshell Inc. Firm/ Company PO Box 11740 Address Pensacola, FL 32524 City/ State and Zip Code haile@celltreasures.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Haile Bekele Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

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

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

Techshell Inc.	
(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P06000029339	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Dennybek Inc.	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co" or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ED PROPERTY OF STATE
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	dress in Florida, enter the name of the
Name of New Registered Agent N/A	
(Florida :	street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia.	nt: r with and accept the obligations of the position.
Signature of New	v Registered Agent, if changing

address of each Office (Attach additional sheel Please note the officer/o P = President; V= Vico Executive Officer; CFC held, President, Treasu Changes should be note a change, Mike Jones la	r and/or I ts, if neces, director tit e Presiden 0 = Chief rer, Direct ed in the fo	Director being added: sary) the by the first letter of the office title: tt; T= Treasurer; S= Secretary; D= Director; The sure of the officer of the secretary of the sector of the secretary of the sector holds of the sector of	officer/director being removed and title, name, and TR= Trustee; C = Chairman or Clerk; CEO = Chief more than one title, list the first letter of each office as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		NIA	
Add			
Remove			F-12 19
2) Change			
Add			
Remove			Fig. 2
3) Change			ORI DA
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional Articles, enter change(s) here:		
(Attach additional sheets, if necessary). (Be specific)	ļ	
/A		
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
provisions for implementing the amendment if not contained in the amendment itself:		
(if not applicable, indicate N/A) A		
		-
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		ij
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1/24/19	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dadocument's effective date on the Department of State's records.	ate will not be listed as the
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.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	<u>.</u>
by"	副 🖢 市
(voting group)	気まデ
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	2: 34 LORIDA
Dated_ 1/24/19	
Signature Haile Ribele	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	
Haile Bekele	
(Typed or printed name of person signing)	
President	
(Title of person signing)	