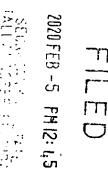
P060000 60879

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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: S.M.E.C. Inc.		
DOCUMENT NUM	BER: P06000060879	<u> </u>	
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Michelle Ketchum		
	· · · · · · · · · · · · · · · · · · ·	Name of Contact Persor	1
	S.M.E.C. Inc.		
		Firm/ Company	
	9838 Old Baymeadows Rd.		
		Address	
	Jacksonville, FL 32256		
		City/ State and Zip Code	2
	ups1950@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas		
Name	of Contact Person	Area Co) de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artinent of State:
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The C	Address Iment Section In of Corporations In of Tallahassee In Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

S.M.E.C. Inc.	<u>_</u> _	
(Name of Corporation a	as currently filed with the Florida D	ept. of State)
P06000060879		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	atutes, this Florida Profit Corporation	adopts the following amendment(s
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviat	r "Co". A professional corporation	ed" or the abbreviation "Corp.,"
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:		202 SE IAL
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	-	
	 	<u> </u>
D. If amending the registered agent and/or registered	affice address in Florida, enter the	name of the
new registered agent and/or the new registered office		
Name of New Registered Agent		name of the PH 12: L5
Name of New Registered Agent		
	(Florida street address)	
	11 Inriaa sireer adaressy	
New Registered Office Address:	(City)	, Florida (Zip Code)
	(City)	(Sq. Since)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	e <mark>red Agent:</mark> n familiar with and accept the obligat	ions of the position.
Signatur	re of New Registered Agent, if changin	_
Signatur	e of their regimered regent, if entangin	8

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	n <u>es</u>	
X Add	<u>\$V</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	SD	_	Michael Ketchun	516 White Jasmine Way
Add				Jacksonville, FL 32259
X Remove				
2) Change	SD	_	Kathelene Davies	3242 Byron Rd
X Add				Green Cove Springs, FL 32043
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

<u>If amending or adding additional Ar</u> (Attach additional sheets, if necessary).). (Be specific)
	
	
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
ichelle Ketchum has 50% of the shares	
nthelene Davies has 25% of the shares	
even Davies Has 25% of the Shares	
icheal Kethchum has 0% of the Shares ((Deceased)
	· · · · · · · · · · · · · · · · · · ·

February 4, 2020	
The date of each amendment(s) adoption:date this document was signed.	, if other than th
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 date will document's effective date on the Department of State's records.	ll not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	d shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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)	
Dated Fr. Dr. Ort 1 4 2020 Signature M. J.	
(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 court appointed fiduciary by that fiduciary)	
Michelle Ketchum	
(Typed or printed name of person signing)	
Vice President	
(Title of person signing)	

STATE OF FLORIDA, COUNTY OF DUVAL

Swarn to (or affirmed) and subscribed before me

this 4th day of Feb , 2020

by Michelle Notary Signature:

Personally known W

OR Produced Identification (_): Type of Identification-_

