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TALLAHASSEE, FLORIDA

Amund Mund Monda

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	HUMIDIFIRST CO.
DOCUMENT NUMBER:	P07000073919
The enclosed Articles of Amendmen	nt and fee are submitted for filing.
Please return all correspondence con	ncerning this matter to the following:
M	ICHELE C. D'ALESSANDRO, CP, FRP
•	Name of Contact Person
	CHAPIN, BALLERANO & CHESLACK
	Firm/ Company
3	99 W. Palmetto Park Road, Suite 202
	Address
	Boca Raton, FL 33432
	City/ State and Zip Code
E-mail addre	ndalessandro@chapin-law.com ss: (to be used for future annual report notification)
For further information concerning t	his matter, please call:
Michele C. D'Alessan	
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following	g amount made payable to the Florida Department of State:
✓ \$35 Filing Fee S43.75 Filing Certificate of	
Mailing Address Amendment Section	Street Address
Division of Corporations P.O. Box 6327	Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

HUMIDIFIRST CO.	
(Name of Corporation as currently filed with the Florida Dept. of	of State)
P07000073919	
(Document Number of Corporation (if known)	
suant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Paradment(s)</i> to its Articles of Incorporation:	rofit Corporation adopts
If amending name, enter the new name of the corporation:	
·	Th
ne must be distinguishable and contain the word "corporation," "compa reviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C ne must contain the word "chartered," "professional association," or the abbr	Co". A professional corpo
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRESS</u>)	,
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	_
If amending the registered agent and/or registered office address in Floridanew registered agent and/or the new registered office address:	a, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent:	
Name of New Registered Agent:	
Name of New Registered Agent:	, Florida (Zip Code)

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) **Title Name** Address Type of Action ☐ Add ☐ Remove ☐ Add ☐ Remove _ 🔲 Add _ 🔲 Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) ARTICLE III IS AMENDED TO READ AS FOLLOWS: THE PURPOSE(S) FOR WHICH THIS CORPORATION IS/ARE ORGANIZED IS/ARE FOR ANY AND ALL LAWFUL PURPOSES. F. 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)

The date of each an	endment(s) adoption: 11/30/2010
Effective date <u>if ap</u> r	(date of adoption is required)
Encente date <u>ir ap</u>	, (no more than 90 days after amendment file date)
Adoption of Amend	ment(s) (<u>CHECK ONE</u>)
) was/were adopted by the shareholders. The number of votes cast for the amendment (rs was/were sufficient for approval.
) was/were approved by the shareholders through voting groups. The following statem 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)
action was not re) was/were adopted by the incorporators without shareholder action and shareholder
Da	ed 11-30-10
Sig	(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)
	SCOTT MORGAN
	(Typed or printed name of person signing)
	PRESIDENT/DIRECTOR
	(Title of person signing)