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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Cloud Cut, Inc.	
DOCUMENT NUMBER: P08000087392	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Larry Schnelder Name of Contact Person	
Cloud Cut, Inc.	
513 Robinson Ave.	
St. Cloud, Fl. 34769 City/State and Zip Code	
Cloud Cut @ embarg mail. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person at (321) 624-8091 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status \$\Bigcup \$43.75 Filing Fee & Certificate of Status \$\Bigcup \$43.75 Filing Fee & Certified Copy	d)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of Cloud Cut, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) HASHED PORODOO 37392

P08000087392	
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporatio	<u>n;</u>
Classic Exscapes, Inc	. The new
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional association of the word "corp."	oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	513 Robinson Ave. St Cloud, Fl. 34719
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 700504 St.Cloud.Fl. 34770
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade	
Name of New Registered Agent:	
New Registered Office Address: (Flori	da street address)
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am family	gent: liar with and accept the obligations of the position.
Signature of New	Registered Agent, if changing

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 ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment(s) adoption: 03/31/2010	_
Effective date if applicable: 03/3/2010	
(no more than 90 days after amendment file date)	-
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendme by the shareholders was/were sufficient for approval.	nt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	:men
"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.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 03 31 2010	
Signature (Ry 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)	
(Typed or printed name of person signing)	
President (Title of person signing)	