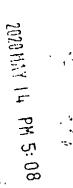
(Requestor's Name)	
(Address)	500344168
(Address)	
(City/State/Zip/Phone #)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: LAW OFFICES C	F VERONICA PANOV,	P.A.				
DOCUMENT NUM	IBER:						
The enclosed Article	s of Amendment and fee are su	bmitted for filing.					
Please return all corr	espondence concerning this ma	tter to the following:					
	VERONICA PANOV						
		Name of Contact Person	n				
	LAW OFFICES OF VERONICA PANOV, P.A.						
		Firm/ Company					
	779 E EVELYN AVE UNIT	318					
	_	Address					
	MOUNTIAN VIEW CA 94041						
		City/ State and Zip Cod	<u></u>				
	PANOVLAW@GMAIL.COI	м					
	E-mail address: (to be us	ed for future annual report	notification)				
For further informati	on concerning this matter, pleas	se call:					
VERONICA PANC	v	954 at (309-7574				
Namo	of,Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check	for the following amount made	payable to the Florida Dep	artment of State:				
□ \$35 Filing Fee	\$43.75 Filing Fee & Cortificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
At Di P,t	nailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as current	tly filed with the Florida Dept. of State)
P09000045090	.
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s):
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	233 CARROLL STR SUITE 213
(Principal office address MUST BE A STREET ADDRESS)	SUNNYVALE CA 94041
•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	233 CARROLL STR SUITE 213 SUNNYVALE CA 94041
	SUNNYVALE CA 94041
	P
D. If amending the registered agent and/or registered office adenew registered agent and/or the new registered office address Name of New Registered Agent	dress in Florida, enter the name of the
(Florida s.	ireet address)
New Registered Office Address:	(City) , Florida (Zip Code)
·	(ii)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	

Signature of New Registered Agent, if changing

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)

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>c</u>	
X Remove	<u>V</u>	Mike Joi	<u>nes</u>	
X Add	<u>sv</u>	Sally Sm	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change	<u></u>	_		
Add				
Remove 3) Change		_		
Add				
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4) Change		_		
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5) Change				
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6) Change		_		
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f an amendment pro	ovides for an excl	<u>hange, reclass</u> endment if no	<u>ification, or car</u> t contained in t	<u>ncellation of iss</u> he amendment	ued shares, itself:	
provisions for imple						
provisions for imple (if not applicable		1 - 1 -				
<u>provisions for imple</u>		MG				
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The date of each amendment(s) adoption:	, if other than
late this document was signed. 05/11/2020	
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 datecument's effective date on the Department of State's records.	ite will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	on and shareholder
☐ 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 statement 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	
by"	
(voting group)	
05/11/2020	
Dated	
Signature	
(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 cour	1
appointed liduciary by that Induciary)	
VERONIOA PANOV	
(Typed or printed name of person signing)	
OWNER	
(Title of person signing)	

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