## P090000 83047

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Shannon I Inc.		
	BER: P09000083047		
The enclosed Articles	of Amendment and fee are so	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Kevin F. Jursinski, Esq.		
		Name of Contact Person	1
	Kevin F. Jursinski, P.A.		
		Firm/ Company	
	15701 S. Tamiami Trail		
		Address	
	Fort Myers, FL 33908		
		City/ State and Zip Cod	૯
sham	ioncorpusa@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
.,	I O		220 140
Kevin	F. Jursinski, P.	<u>, A at ( 234 </u>	
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 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		Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Shannon I Inc.			
( <u>Name of Corporation a</u>	s currently filed with the Florid	la Dept. of State)	***
P09000083047			
(Document	Number of Corporation (if knows	n)	
Pursuant to the provisions of section 607,1006, Florida Staits Articles of Incorporation:	atutes, this Florida Profit Corpord	ation adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corpo	ration:		
			The new
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp.," ", word "chartered," "professional association," or the abbi	Inc," or "Co". A professional		hbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u> )	<u>SS</u> )		
C. Enter new mailing address, if applicable:		i	2019 DE
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		<u> </u>	6
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office			111:42
Name of New Registered Agent Pauline Russell			-
3622 NW 46th I	Place		
	(Florida street address)		-
New Registered Office Address: Cape Coral		33993 , Florida	
	(City)	iZip (	Coder
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	red Agent: of familiar with and accept the obt	ligations of the position.	

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 Doc 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 Doc, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add

Example: $\underline{X}$ Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Damian Zolik	_
Add			<del></del>
Remove			
2) Change	VP	Vladimir B. Vojnovich	
Add			
X Remove	b o a	D C D H	2/22 VIV 1/.1 DI
3 ) Change	P. S. T	Pauline Russell	3622 NW 46th Place
X Add			Cape Coral, FL 33993
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary)	), (Be specific)	<del></del>		
				•
			-	
	<u> </u>			
		,,, <u>,,,</u>		<del></del>
+		,		
				<del>-</del>
If an amendment provides for an exc	change, reclassific	ation, or cancellatio	on of issued shares,	
provisions for implementing the am (if not applicable, indicate N/A)	rendment if not co	ntained in the amer	dment itself:	
(ң поп аррассане, тассан мя)				
	·			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
theetive date it 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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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):	ı
"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.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 28 Marzing R. De 19	
Signature Landing Kurse Cf	
(Ny 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)	·
Paulin Russell	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	