Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number: 120000000257 Phone

Fax Number

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FESSA A, INC.

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Articles of Amendment to
Articles of Incorporation
of

FFS	SAA INC		
		a Dept. of State)	
		wn)	
Pursuant to the provisions of section 607,1000 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Fi	orida Profit Corporation adopti	s the following
A. If amending name, enter the new name of	f the corporation:		
	SESSA A, INC. The new distinguishable and contain the word "corporation," "company," or "incorporated" or the torp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation and the word "chartered," "professional association," or the abbreviation "P.A." Trincipal office Address, if applicable: The new distinguishable and contain the word "corporation" or the abbreviation "P.A." Trincipal office Address, if applicable: Trincipal office Address, if applicable: Tress MAY BE A POST OFFICE BOX; The new applicable: The new distinguishable and contain the word "corporation," or the abbreviation "P.A." Trincipal office Address, if applicable: The new applicable: The new applicable and contain the word "corporation," or "company," or "incorporated" or the abbreviation "P.A." The new applicable and contain the word "corporation," or "company," or "incorporated" or the abbreviation "P.A." The new applicable and contain the word "corporation," or "company," or "incorporated" or the abbreviation "P.A." The new applicable and contain the word "corporation," or "company," or "incorporated" or the abbreviation "P.A." The new applicable and contain the word "corporation or "company," or "incorporated" or "incorporated" or "company," or "incorporated" or "incorporated" or "company," or "incorporated" or "company," or "incorporated" or "incorporated" or "co". A professional corporation or "co". A professional corpora		
abbreviation "Corp.," "Inc.," or Co.," or the	designation "Corp," "Inc	," or "Co". A professional cor	" or the poration
B. Enter new principal office address, if apple (Principal office address MUST BE A STREE	licable: TADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>		<u> </u>
D. If amending the registered agent and/or the	<u>egistered office address in</u>	. Florida, enter the name of the	AS W
Nume of New Registered Agent;	SELECTION STATES		E of P
New Registered Office Address:	(Florida street a	ddress)	
		Florida	
-	(City)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered as (Signature)	gent I am familiar willy an	nd accept the obligations of the p	asition.

Page 1 of 3

(Altach ad	ditional sheets, if necessary)	of each Officer and/or Director bein	
<u> Title</u>	Name	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
. VA	المستوادات والمستوادات		
L. <u>If amer</u> (artach c	iding or adding additional A additional sheets, if necessary	Articles, enter change(s) here:). (Re specific)	
	<u> </u>		
			
	······		
F. <u>If an a</u> provisi	mendment provides for an elementing the a	exchange, reclassification, or cancell, mendment if not contained in the am	ation of issued shares, rendment itself;
(tf)	not applicable, indicate N/A)		
			<u> </u>