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TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: 157 P	REMIER BA	El Bonds Iac.
DOCUMENT NUME	Y/ A /	00009396	60
The enclosed Articles of	of Amendment and fee are st	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	MA	My Beldin	<u></u>
		Name of Contact Perso	n
•	2227	Firm/Company Firm/Company	•
	T 1 -	Fowler St Address	
	PORT (City/ State and Zip Cod	<u>3390/</u>
	E-mail address: (to be us	BE ding a #	HHO. LOW
10.0 0 0 0 0	concerning this matter, pleas		
	f Contact Person		nde & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artinent of State:
\$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mail	ing 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 Sucorporation

IST PREMIE	ER BAIL BON	as INC	- David of Sta		
(Name)	Corneration as currenth fil	ed with the English	A LANDY OF YOR	K)	
	P09 00009	3460			
	Document Number of Co				
assuant to the provisions of section 607.	1006, Florida Statutes, this Flori	rida Profit Carpon	etien adopts th	c following am	endment(s) to
Articles of Incorporation:					
If amending name, enter the new to	ame of the corporation;			_	
			incornerated		t MOV rvietios
me must be distinguishable and com- "orp.," "Inc.," or Co.," or the design rd "chartered," "professional associa	minon Corp. Inc. or	10 10 0000	curporation s	IOME MUSI COM!	ain the
Enter new principal office address, incipal office address.	if applicable; TREET ADDRESS)				
Enter new mailing address, if appli	<u>icables</u>				
(Mailing address MAY BE A POST	OFFICE BOX				
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	•				9
		in Florida enter	the name of	72 72 34	19 JUL
If amending the repistered exect an	nd/or registered office address: w registered office address:	s ly Florida, reter	the name of	15 (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	19 JUL 22
If amending the registered spent an new registered agent and/or the new Mame of New Registered Agent	nd/or registered office address: w registered office address: MARTY B		the name of	12. 12. 23. 50. 50. 50. 50. 50. 50. 50. 50. 50. 50	19 JUL 22 A
If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	MARTY B			h 339	JUL 22 AM
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new registered agent and/or the ner	MARTY B	FOR .	myers	Æ 339	JUL 22 AM 9: 20
new registered agent and/or the new Mame of New Registered Agent	MARTY B	ELDING + FOLT :	myers	Æ 339	JUL 22 AM 9: 20
new registered agent and/or the new Mame of New Registered Agent	MARTY B	ELDING + FOLT :	myers	Æ 339	JUL 22 AM 9: 20
New Registered Office Address:	MARTY B	ELDING Foot address	p nyévs Fla	E. 339 πida ≥ 24 €	JUL 22 AM 9: 20
new registered agent and/or the new Mame of New Registered Agent	MARTY B	ELDING Foot address	p nyévs Fla	E. 339 πida ≥ 24 €	JUL 22 AM 9: 20
New Registered Office Address:	MARTY B	ELDING Foot address	p nyévs Fla	E. 339 πida ≥ 24 €	JUL 22 AM 9: 20
New Registered Office Address:	MARTY B	ELDING Foot address	p nyévs Fla	E. 339 πida ≥ 24 €	JUL 22 AM 9: 20
New Registered Office Address:	MARTY B. 2227 Fowler S. (Florida street K thanging Registered Agents tered agent. I am familiar with	ELDING For address 1 iny) th and accept the to	Flankers of	E. 339 πida ≥ 24 €	JUL 22 AM 9: 20
New Registered Office Address:	MARTY B. 2227 Fowler S. (Florida street K thanging Registered Agents tered agent. I am familiar with	ELDING Foot address	Flankers of	E. 339 πida ≥ 24 €	JUL 22 AM 9: 20

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, IR. Trustec, C. Chairman or Clerk, CEO. Chief Executive Officer, CFO. Chief Financial Officer, If an officeridirector 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.

Example: X Change X Remove	<u>PT</u> <u>V</u>	John Doe Mike Jones	
X Remove		Mike Jones	
<u>_</u>	617		
<u>X</u> Add	<u> </u>	Sally Smith	
Type of Action (Check One)	Title	Name (Address
1) Change	P	VIVIAN SANTOS	Sour Mes fr 3390
Add			but Mes fr 3390
Remove		1 - 11	
2) Change	1	MARY Belding	2027 Forker St. Foly myers h 33901
Add		,	Fold myers A 33901
Remove			
3) Change			- 35
Add			19
Remove			
4) Change			
Add			92 6
Remove			0.00 NO.
5) Change	 -		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary).— (Be specific)			
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in amendment provides for an exchange, reclassification, or cancellation of issued shares.		22	·
ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		7	ĩ
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The date of each amendment(s) addate this document was signed.	option:					, if other than the
Effective date if applicable:		June than 90 days af	10	2019		
	(no more	than 90 days of	ier amend	dment file date)		
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the artment of State's reco	: applicable stati ords.	atory filir	ng requirements, thi	is date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE	<u>.</u>)				
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholder icient for approval.	s. The number of	of votes e	ast for the amendm	ent(s)	
☐ The amendment(s) was/were appromust be separately provided for ea	oved by the shareholde tich voting group entit	ers through votin led to vote separ	g groups rately on	. The following sich the amendment(s):	tement	
"The number of votes cast fo	r the amendment(s) w	as/were sufficier	it for app	roval		
by	(voting group)	···		·••		
	(voting group)					
The amendment(s) was/were adopt action was not required.						
The amendment(s) was/were adopt action was not required.	ed by the incorporator	rs without shareh	older act	ion and shareholder	ব্য	
	6.10-2019					= 1)
Signature	Junai		Aut			3 F
selected,	ctor, president or other by an incorporator – if fiduciary by that fidu	f in the hands of:	a receive	officers have not be r, trustee, or other c	our <u>d</u> i	
_	Vi	VIDAL	Spi	2/05	19 AG	
	(Fyped or pri	nted name of pe	rson sign	ing) -		
_	(Title of person si	gning)			 -