P09000096562

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



600296390306

03/09/17--01013--009 **43.75

SECRETARY OF STATE OF

MAR 13 2017 C MCNAIR

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	anon Grosp Inc. 3
The enclosed Articles of Amendment	and fee are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
	Danald P. Munkwitz Name of Contact Person Canon Group Inc. Firm/ Company S. Dale Mabry Huy Suite 345 Address Tampa FL 33609 City/ State and Zip Code AMUNKWI t2@Cano1grp. Compress: (to be used for future annual report notification)
For further information concerning this	matter, please call:
Don Mun Kwi Name of Contact Person	
Enclosed is a check for the following a	mount made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Fi	V
Mailing Address Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231	Clifton Building

Articles of Amendment to

,	10	~ %
•	Articles of Incorporation	0/20-
	of	A TOPE
	Canon Group	Inc. 多智
(Name of Co	orporation as currently filed with the Fl	
(Hame of Co	PNANNAGI	5/07
		3,000
	(Document Number of Corporation (if kn	ي پ
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	5, Florida Statutes, this Florida Profit Corp	poration adopts the following amendme
A. If amending name, enter the new name	of the corporation:	
		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp," "Inc," or "Co". A profession	
B. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF	E: ICE BOX)	
 If amending the registered agent and/or new registered agent and/or the new reg 	<u>registered office address in Florida, ent</u> <u>istered office address:</u>	er the name of the
Name of New Registered Agent		·····
•		to the state of th
	(Florida street address)	
New Registered Office Address:		, Florida
- The state of the	(City)	(Zip Code)
New Registered Agent's Signature, if chang hereby accept the appointment as registered	ing Registered Agent: agent. I am familiar with and accept the	obligations of the position.
	Signature of New Registered Agent, if	changing

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.

Example: X Change	PT Jol	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u>	Kerl Munkwitz	819 Roxmere Rd Tampa FL 3360
X Add			Tampa FL 3360
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			****
6) Change			
Add			
Remove			

Attach <i>additioi</i>	nal sheets, if necessary). (Be specific)
· · · · · · · · · · · · · · · · · · ·	
•	
	ent provides for an exchange, reclassification, or cancellation of issued shares,
	r implementing the amendment if not contained in the amendment itself; plicable, indicate N/A)
	1 Munkwitz WIII receive 5%, of Company St
	n Don Monkoutz. Don Munkoutz will
Deco	me 45% owner and Keri Munkwitz will
	owner, John Porter will continue to be
5%	
51/	1 Awar Veci will at a chara con
5% 50°	1, owner. Keri will not Durchase Shares rat
5% 50°	1, owner. Keri will not purchase shares, rather 51/2 of ongang Company profits for hong involvement in Company operations.

The date of each amendment(s) adoption:, if other the	nan the
date this document was signed.	
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 date will not be listed document's effective date on the Department of State's records.	as the
Adoption of Amendment(s) (CHECK ONE)	
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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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 1/1/17	
Signature & Octuber P. Manh	
(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 court appointed fiduciary by that fiduciary)	
Donald P. Munkuitz	
(Typed or printed name of person signing)	
CFO	
(Title of person signing)	