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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Xtreme Brite Corporation
NAME OF CORPORATION: Xtreme Brite Corporation  DOCUMENT NUMBER: PICCOODDDU4D
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
AIMALOHI IMANA  Name of Contact Person
Xtreme Brile Corporation Firm/Company
1660 NW SY th AVE SHETE 19 Address
MIAMI GARDENS, FL, 33014 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

XTREME BRITE	LORPORATION
	ly filed with the Florida Dept. of State)
PLOODE	0022442
	of Corporation (if known)
(Document Number o	A Corporation (II known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ' word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	NA " P
D. If amending the registered agent and/or registered office add	Iress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent AIMALOH!	IMMA.
16600 NW	reer address) BLORIDA 33014
(Florida sti	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered 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)

Remove

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	<u>PT</u>	John Do	<u>x</u>			
X Remove	<u>v</u>	Mike Jo	ones .			
X Add	<u>sv</u>	Sally Sn	nit <u>h</u>			
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s
1) Change		<del></del>	SAND	4	WILLIS	16600 NW 54 AVE
Add Remove						MIAMI Gardens S F133014.
2) Change	1	$\stackrel{\sim}{\geq}$	TOLUI	NA	WILLIS	Same.
Add Remove 3) Change Add	p	_	OLUWATO	ΜŢ	WILLIS	Same.
Remove 4) Change Add Remove	<u>&gt;T</u>	<b>-</b>	AIM ALO H	ŧΙ	IMANA	Same
Change  Add  Remove		_ ()L	-UWAGBE	AN G	rA OPE 1	1101A. Same.
6) Change Add	<del></del>	_	<del> </del>			

famending or adding additional Ar attach additional sheets, if necessary)	. (Be specific)			
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f an amendment provides for an ex provisions for implementing the an	change, reclassificat	ion, or cancellation	dment itself:	
(if not applicable, indicate N/A)				
•				
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The date of each amendment(s) adoption: 12/28/2017 late this document was signed.	, if other than the
Effective date if applicable: 12/28/2017  (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 w locument's effective date on the Department of State's records.	ill 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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
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.	
Signature  A. A. A. A. A. A. A. 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 court appointed fiduciary by that fiduciary)  AIMALOHI IMAMA  (Typed or printed name of person signing)  TypeSident	
(Title of person signing)	