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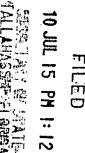
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: $IPADA$	CCESSORIES, INC	
DOCUMENT NUMBER: P10000	0028140	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
Mark Hunk	ler	· · · · · · · · · · · · · · · · · · ·
Nam	e of Contact Person	*~ ~ .
41.41.41.41.41.41.41.41.41.41.41.41.41.4	Firm/ Company	, , , , , , , , , , , , , , , , , , ,
1000 DEL LAGO	OCIE APT 202 Address	
	Address	
Palm Beach Gan	olens, F1 33410. State and Zip Code	
mhunkler@gmail.	Carror future annual report notification)	,
E-man address. (to be used in	or ruture annual report notifications	•
For further information concerning this matter, pl	ease call:	
Mark Hunkler Name of Contact Person	at (631) 662 - 6 Area Code & Daytime Tele	cphone Number
Enclosed is a check for the following amount made	le payable to the Florida Departs	ment of State:
\$35 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	•

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation ESSOPIES INC (Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: CCESSORIES, INC name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address)

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.

(City)

Signature of New Registered Agent, if changing

, Florida

(Zip Code)

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) <u>Title</u> Address **Type of Action** Name ☐ Add ___ 🗖 Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment	(8) adoption: $7/12/2000$
	(date of adoption is required)
Effective date <u>if applicable</u> :	7/12/2010
**	(no more than 90 days after amendment file date)
	'
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
* *	re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of votes	east for the amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
Dated<	7/12/2010
Signature	1 d \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	a director, president or other officer - if directors or officers have not been
	cted, by an incorporator — if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
арро	Sinted fiduciary by that fiduciary)
	. Λ
	Mark Hunkles (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)