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Amend

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COVER LETTER

TO: Amendment Division of	Section Corporations		,
NAME OF COR	RPORATION: A Sh	are Integrity Corp	- % ·
DOCUMENT N	UMBER: 10000	035855	
The enclosed Art	icles of Amendment and fee are	e submitted for filing.	
Please return all c	correspondence concerning this		
		ume of Contact Person	
		Fire of Steven Warm	•
	9124 S.W.	. 51st Goad Suite B-102 Address	•
· · ·	Gainesuille	F1 32608 US	
	Cit	ty/ State and Zip Code	
	ontimetund	5 • Qo\. (oW) for future annual report notification)	
	is-mail address. (to be used	tor future annual report notification)	
For further inform	nation concerning this matter, p	please call:	*
Wanda	Collier	at (352) 871-6091-	
	ne of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a che	ck for the following amount ma	ade payable to the Florida Department of State:	
\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$52.50 Filing F Certificate of S Certified Copy	Status
	-		py is enclosed)
	Address ent Section of Corporations	Street Address Amendment Section Division of Corporations	
P.O. Box	6327	Clifton Building	e de la companya de La companya de la co
Tallahasse	ee, FL 32314	2661 Executive Center Circle	

Articles of Amendment

to
Articles of Incorporation

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of	
A Share Integr	ity Corp
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
PIDOODOSSRSS	Service Servic

(Document Number of Corporation (if known)

. If amending name, enter the	new name of the corpora	tlon:	
			The ne
ame must be distinguishable and bbreviation "Corp.," "Inc.," or ame must contain the word "char	Co.," or the designation	"Corp," "Inc," or "	Co". A professional corporation
. <u>Enter new principal office ad</u> Principal office address <u>MUST B</u>		D	
	; •		-
Enter new malling address, i (Mailing address MAY BE A 1	f applicable: POST OFFICE BOX)	PO	Box 1142
		Newber	ry, Fl 32669
If amending the registered ag new registered agent and/or t			ia, enter the name of the
Name of New Registered A	gent:		e e e e e e e e e e e e e e e e e e e
New Registered Office Add	ress: (F	lorida street address)	
•			, Florida
ew Registered Agent's Signatus		ity) d Agent:	(Zip Code)
hereby accept the appointment as			ept the obligations of the position

If amending the Officers and/or Directors, enter the title and name of each officer/director being temoved and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Ti	t <u>le</u> :	<u>Name</u>	_		Address		.*	Type of Action
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F.	If an amer	ndment provid	les for an ex	change, recl	assification, or	r cancellation	of Issu	ed shares.
· ·	(if not a	applicable, ind	icate N/A)	PHARMONE IL II	or contained :	T the amena	. : ; . . : ;	<u>eti*</u>
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The date of each amendment		6/30/20	010	
Effective date if applicable:		vs after amendment file a		,
Adoption of Amendment(s)	СНЕСК	(ONE)		٠.
The amendment(s) was/we by the shareholders was/we			f votes cast for the ar	nendment(s)
The amendment(s) was/we must be separately provide				
"The number of votes	cast for the amendmen	nt(s) was/were sufficient	for approval	
The amendment(s) was/we action was not required.	re adopted by the boar	d of directors without sh	areholder action and	shareholder
The amendment(s) was/we action was not required.	re adopted by the incom	rporators without shareh	older action and shar	eholder .
Dated	0/30/20	510		
sele		or other officer – if direct or – if in the hands of a r at fiduciary)		
		Collier		-
	(Typed o	er printed name of person	signing)	