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## **COVER LETTER**

Division of Corporations AMERICAN COMPENSATION GROUP INC NAME OF CORPORATION: P10000064165 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: COMPENSATION GROUP INC Firm/ Company SOUTH POWERLINE ROAD POMPANO DEACH, FL 33069
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 □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

(Additional copy is enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(Additional Copy is enclosed)

13 FEB 19 AM 9: 13 Articles of Amendment to Articles of Incorporation 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: 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." WYNDI FASCIANA B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS ) 1160 S POWERLINE RD POMPAND BEACH, FL 33069 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 WYNDI FAS JANA S POWERLINE ROAD
(Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:

tere of New Registered Agent, if changing

I hereby accept the appointment as registred agent. I am familiar with and accept the obligations of the position.

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	,
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1)Change	P	STEPHEN DISORBO	1169 & DOMESTINE BD
Add Remove			POMPANO BCH, FL 33669
Remove		4	
2) Change		STEPHEN DISURBU	1160 5 POWERLINE AD
Add			POMPAND BEH, FL 33019
Remove	ρ	WYNDI FASHANA	1160 S POWERINE RD
X Add			POMPAND BLH, EL 3306
Remove			
4) Change	4	WYNOI FASCIANA	1160 5 POWER LINE RD
Add			POMPANO DUH, FL 33669
Remove			
5) Change			
Add			<del></del>
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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No. 17 Bank August 18 Bank 18			
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f an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	hange, reclassificatiend endment if not conta	on, or cancellation of lined in the amendmo	issued shares, ent itself:
,	<del></del>		
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The date of each amendment(s) ac	dention: $2/U/3$
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
☐ The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.
	proved by the shareholders through voting groups. The following statement 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	(voling group)
•	(voting group)
ction was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated	6/13
Signatule	Indi Hasciana
	ijector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court
	ted fiduciary by that fiduciary)
.,	Wyndi Fasciana
	(Typed or printed name of person signing)
	Mesident
	(Title of person signing)