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| (Re                     | questor's Name   | )            |
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| PICK-UP                 | ☐ WAIT           | MAIL         |
| (Bu                     | siness Entity Na | nme)         |
| (Do                     | cument Number    | <del>)</del> |
| Certified Copies        | _ Certificate    | es of Status |
| Special Instructions to | Filing Officer:  |              |
|                         |                  |              |
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## COVER LETTER

| TO: Amendment Section<br>Division of Corpora   |   | <b>A</b>   |  |
|--|---|--|--|
|  | Raine                                       | Day Day  | Lea Tue  |
| NAME OF CORPORA  | FIGN: 1900                                  | Wavig FGYI   | tmej Luc   |
| DOCUMENT NUMBE   | R: 10000 / 60                               | 317  |  |
| The enclosed Articles of   | Amendment and fee are su                    | bmitted for filing.  |  |
| Please return all correspo   | ndence concerning this mat                  | ter to the following:  |  |
| _  | Barry la                                    | Name of Contact Person   |  |
|  | Barry Aux                                   | Yan Ling In  | <u></u>  |
|  | 1775 Ray 1                                  | Firm/ Cophpany   |  |
|  | 17./3                                       | Address  |  |
|  | 79/   | 37703  |  |
| a de la companya de l | 1. 0. 4                                     | City/ State and Zip Code   |  |
| 170  | Frmail address: (to be us                   | a This Control of the future annual report                         | notification)  |
| For further information c  | oncerning this matter, pleas                | se call:   |  |
| $\sim$ $\wedge$  |   |  |  |
| 1 Sanni Haur   |   | at (650  | HO-3620  |
| Name of  | Contact Person                              | Área Co  | de & Daytime Telephone Number  |
| Enclosed is a check for the  | he following amount made                    | payable to the Florida Depa  | artment of State:  |
| □ \$35 Filing Fee  | □\$43.75 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) |
|  | ng Address                                  |  | Address  |
|  | Iment Section                               |  | Iment Section<br>on of Corporations  |
|  | on of Corporations<br>ox 6327               |  | n or Corporations<br>Building  |
|  | assee, FL 32314                             |  | Executive Center Circle  |

Tailahassee, FL 32301

## Articles of Amendment

to

Articles of Incorporation

| Brance Mark Haintag Duc  |          |
|--|----------|
| (Name of Corporation as currently filed with the Florida Dept. of State)   |          |
| 7 100000 66277   | <b>.</b> |
| (Document Number of Corporation (if known)   |          |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:  | lent(s)  |
| A. If amending name, enter the new name of the corporation:  |          |
| The ne   |          |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviatio "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." | n<br>le  |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  |          |
|  | 1        |
|  | ·        |
| C. Enter new mailing address, if applicable:   | 3        |
| (Mailing address MAY BE A POST OFFICE BOX)   |          |
|  |          |
|  | FT       |
| 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:   | 1        |
| Name of New Registered Agent   |          |
|  |          |
| (Florida street address)   |          |
| New Registered Office Address:, Florida  | .        |
| (City) (Zip Code)  | î.       |
|  | i        |
| 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   |          |

| address of each Office<br>(Attach additional shee<br>Please note the officer,<br>P = President; V = Vic<br>Executive Officer; CF,<br>held. President, Treast<br>Changes should be not<br>a change, Mike Jones<br>Mike Jones, V as Remo<br>Example: | er and/or Director be<br>ets, if necessary)<br>(director title by the fir<br>the President; T= Treas<br>O = Chief Financial Carer, Director would be<br>tred in the following made<br>aves the corporation<br>ove, and Sally Smith, S | st letter of the office title: surer; S= Secretary; D= Director; TR= Officer. If an officer/director holds more e PTD. onner. Currently John Doe is listed as the , Sally Smith is named the V and S. Thes V as an Add. | Trustee; C = Chairman or Clerk; CEO = Chiefe than one title, list the first letter of each office e PST and Mike Jones is listed as the V. There is e should be noted as John Doe, PT as a Change. | 1 |
|--|---|---|--|---|
| X Change   | PT John Doe   |   |  |   |
| X Remove   | V Mike Jon  |   |  | ١ |
| <u>X</u> Add   | <u>SV</u> <u>Sally Sm</u>   | <u>ith</u>  |  |   |
| Type of Action<br>(Check One)  | <u>Title</u>  | Name  | Address  |   |
| 1) Change  | GO.P  | Doseph Gaggle   | har Lake frant dr.   |   |
|  | COM   |   | 32703  |   |
| 2) Change  |   | Patricia Captin   | 5001 Like Frant Dr   |   |
| Add<br>Remove  |   |   |  |   |
| 3 ) Change   |   |   |  |   |
| Add  |   |   |  |   |
| Remove   |   |   |  |   |
| 4) Change  |   |   |  |   |
| Add  |   |   | :  |   |
| Remove   |   |   |  |   |
| 5) Change  |   |   |  |   |
| Add  |   |   |  |   |
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| 6) Change  |   |   |  |   |
| Add  |   |   |  |   |
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| ttach additional sheets, if necessary). | (Be specific)   |
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| an amendment provides for an excl       | nange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| (if not applicable, indicate N/A)       | nament if not concained in the amendment itself.  |
| (y not apprecion, material y may        | Į.  |
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| The date of each amendment(s) adoption:  | , if other than th    |
|--|-----------------------|
| 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 wildocument's effective date on the Department of State's records.                          | l not be listed as th |
| Adoption of Amendment(s) (CHECK ONE)   |                       |
| 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   | 1                     |
| (voting group)   | ļ.                    |
| 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 10 724-17  |                       |
| Dated_10-74-17 Signature_Domys/Car   | 1                     |
| (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)   |                       |
|  |                       |
| (Typed or printed name of person signing)  |                       |
| Pies   |                       |

(Title of person signing)