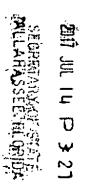
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JUL 18 2017

T. LEMHEUX

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORAT	ION: CUTT	ING EDGE	CAIC INC		
OOCUMENT NUMBER	:P100000	066983			
The enclosed Articles of A	mendment and fee are sul	omitted for filing.			
Please return all correspon	dence concerning this mat	ter to the following:			
	LAWR CHTTIN 2144 DEI RIVERIA ROCKSO	Name of Contact Person JG EDGE CH Firm/ Company Address BEACH FI City/ State and Zip Code PB(2) a C	ol.com		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 1 August 14 CHEP 144 1 34 568 5379					
Name of C	ontact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
Ճ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street .	Address		

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

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

Articles of Amendment

Articles of Incorporation

of

CUTTING EDGE C	HC INC
(<u>Name of Corporation as curre</u> ntl	y filed with the Florida Dept. of State)
(Document Number of	f Corporation (if 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
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 musi comun me
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	2144 OFFMONT DRNE RIVERIA BEACH FL 33404
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2144 OAKMENT DRIVE RILBRIT BETCH FL 33404
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent	
(Florida str	reet address)
New Registered Office Address:	. Florida
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar Signature of New I	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)

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 = ChiefExecutive 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, Vita Jones V as Remove and Sally Smith, SV as an Add.

Mike Jones, v as Kemov	e, ana sai	y Smin, Br tis tarriou.	
Example: X Change	<u>PT</u>	John Doe	
\underline{X} Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	_5	PARIS SHORMAN	5380 NOCEANORHESB
Add Remove			<u>511404</u>
2) Change	_5	LAWRETTH SHEEMAN	2144 OAKMANT DR RWERIA BEACH
Remove			FL 3340ZL
3) Change			
Remove			
4) Change Add			
Remove			
5) Change			
Remove			
6) Change			
Add Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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If an amendment provides for an excl provisions for implementing the ame	ndment if not contain	ned in the amenda	ient itself:	
(if not applicable, indicate N/A)				
		•		
		<u>.</u>		
		<u></u>		

The date of each amendment(s) adoption:	han the
date this document was signed.	
Effective date if applicable: 7/11/17	
Effective date if applicable: 7/14/13 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory liling requirements, this date will not be listed document's effective date on the Department of State's records.	i as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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):	
by Shareholders Ivan Sharman & Lauretta Sharman (voting group)	<u>.</u>
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	
(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)	
Vice President	
(Title of person signing)	