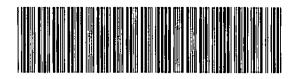


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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: FORTREX GROU | JP, INC. | |
|------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| DOCUMENT NUM | P10000089230 | | |
| The enclosed Articles | s of Amendment and fee are su | bmitted for filing. | |
| Please return all corre | espondence concerning this ma | tter to the following: | |
| | W. Wade Nicolas | | |
| | | Name of Contact Person | 1 |
| | FORTREX Group, Inc. | | |
| | **** | Firm/ Company | |
| | 10448 Galleria Ave. | | |
| | | Address | |
| | Wellington FL 33414 | | |
| | | City/ State and Zip Cod | 2 |
| wwi | nicolas@live.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| | | | |
| For further information | on concerning this matter, pleas | se call: | |
| W. Wade Nicolas | | at (| 352 - 3064 |
| Name | of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check f | or the following amount made | payable to the Florida Depa | irtment 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) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Amend Divisie Clifton | Address Iment Section on of Corporations Building executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 17 OCT 27 PM 1: 41 SECRETARY DESPATE:

FORTREX GROUP INC.

| (<u>Name</u> | of Corporation as curren | itly filed with the Florida Depit of State) F. FUORIDA |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------|
| P10000089230 | | |
| | (Document Number | of Corporation (if known) |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | .1006, Florida Statutes, thi | s Florida Profit Corporation adopts the following amendment(s) t |
| A. If amending name, enter the new n | ame of the corporation: | |
| FORTREX GROUP OF COMPANIES, | INC. | The new |
| | nation "Corp," "Inc," or | ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |
| B. Enter new principal office address, | if annlicable: | N/A |
| (Principal office address MUST BE A S | | |
| | | |
| | | |
| C. Enter new mailing address, if appl | | |
| (Mailing address <u>MAY BE A POST</u> | <u>OFFICE BOX</u>) | |
| | | |
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| | | |
| If amending the registered agent ar new registered agent and/or the new registered agent and/or the new registered agent and/or the new registered agent and registered agent are registered agent and registered agent are registered agent and registered agent and registered agent are registered agent and registered agent are registered agent and registered agent and registered agent and registered agent are registered agent and registered agent agent | | |
| | N/A | _ |
| Name of New Registered Agent | | |
| | (Klavida s | street address) |
| | N/A | arter adartssy |
| New Registered Office Address: | | (City) , Florida(Zip Code) |
| | | (Cay) (Zap Code) |
| | | |
| New Registered Agent's Signature, if c | | |
| I hereby accept the appointment as regis | tered agent. I am familiai | r with and accept the obligations of the position. |
| | | |
| | | |
| | Signature of New | 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 = 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 | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | | Address |
| 1) Change | | N/A | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | N/A | <u>. </u> | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | N/A | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | N/A | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | N/A | | |
| Add | | | | |
| Remove | | | | |
| | | N/A | | |
| 6) Change | | - | | |
| Add Remove | | | | |

| If amending or adding additional Artic (Attach additional sheets, if necessary). | |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| N/A | |
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| If an amendment provides for an exch provisions for implementing the ame | ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
| N/A | |
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| | N/A | |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| The date of each amendment(s) addate this document was signed. | doption: | , if other than the |
| N/A | | |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bedocument's effective date on the De | plock does not meet the applicable statutory filing requirements, this date with a partment of State's records. | II not be listed as t |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were add by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) afficient 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 | (voting group) | |
| | (voting group) | |
| action was not required. | opted by the board of directors without shareholder action and shareholder | |
| action was not required. | opted by the incorporators without shareholder action and shareholder | |
| 10/17/2017 | 7 | |
| Dated | | |
| | | |
| Signature | | |
| | irector, 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) | |
| | W.WADE NICOLAS | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | | |
| | (Title of person signing) | |