P1100003442

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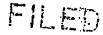


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: MECHANICAL BI	REEZE CORP	·		
DOCUMENT NUMBE					
The enclosed Articles of	Amendment and fee are sub	omitted for filing.			
Please return all correspo	ondence concerning this mat	ter to the following:			
D	ANIEL PEREZ				
_	Name of Contact Person				
_	Firm/ Company				
P	PO BOX 261951				
N	Address MIAMI FL 33126				
		City/ State and Zip Code			
For further information c	E-mail address: (to be use	ed for future annual report	notification)		
		at () de & Daytime Telephone Number		
	Contact Person				
Enclosed is a check for t	he following amount made p	ayable to the Florida Depa	rtment 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)		
Amene Divisi P.O. B	ng Address dment Section on of Corporations lox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment to Articles of Incorporation of



MECHANICAL BREEZE CORP (Name of Corporation as currently filed with the Florida Dept. o P11000003442 (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: DOMUM INNOVATIONS CORP 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 of fice address: Name of New Registered Agent (Florida street address) New Registered Office Address: , Florida (City) 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

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: XChange	<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>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		<u>-</u>	
Add			
Remove			
5) Change			
Add			<u> </u>
Remove			
6) Change			
Add			·
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	
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f an amendment provides for an exch	nge, reclassification, or cancellation	nfissued shares
provisions for implementing the ame	dment if not contained in the amendn	nent itself:
(if not applicable, indicate N/A)		
· · · · · · · · · · · · · · · · · · ·		
		
		
		·
		

The date of each amendment(s) adop	tion:	111	25	18		_, if other than the
date this document was signed. Effective date if applicable:	(no more t	han 90 da	25 ivs after a	18 mendmen	ı file date)	
Note: If the date inserted in this bloc document's effective date on the Depar			e statutor	y filing re	quirements, this date will	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>))				
The amendment(s) was/were adopte by the shareholders was/were suffice		s. The nu	mber of v	otes cast f	or the amendment(s)	
☐ The amendment(s) was/were approve must be separately provided for each						
"The number of votes cast for	the amendment(s) wa	as/were su	ifficient fe	or approva	ıl	
by	(voting group)					
	(voting group)					
☐ The amendment(s) was/were adopte action was not required.	d by the board of dire	ectors wit	hout share	eholder ac	tion and shareholder	
☐ The amendment(s) was/were adopte action was not required.	d by the incorporator	rs without	sharehold	der action	and shareholder	
11/25/2018 Dated						
Signature	Derez.	, 				_
selected, h	etch, president or other by an incorporator – i fiduciary by that fidu	f in the ha				
D.	ANIEL PEREZ					
	(Typed or pr	rinted nan	ne of pers	on signing)	 _
PF	RESIDENT					
	((Title of p	erson sig	ning)		