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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (600)494-3124

Fax Number : (561)455-9885

\*\*Enter the email address for this business entity to be used for future cannual report mailings. Enter only one email address please.\*\*

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

## PROFOUND BUSINESS INC.

Certificate of Status	on a firm constraint on a second through the con-
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Amend

ė.	Articles of Amendment			
· ·	to Articles of Incorporation	(State)		
	of	<b>1</b> 50		
	ND BUSINESS INC.	\tag{\tau}		
(Name of Corporation as cur	rently filed with the Florida Dent. of	State)		
	1000006717			
(Document Nu	mber of Corporation (if known)	•		
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this Florida Pro	fit Corporation adopts the follow		
A. If amending name, enter the new name	of the corporation:			
name must be distinguishable and contain abbreviation "Carp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr B. Enter new principal office address, if ap (Principal office address MUST BE A STRE)  C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)	e designation "Corp," "Inc," or "Corp," or "Corposessional association," or the abbre- plicable: ET ADDRESS)	". A professional corporation		
D. If amending the registered agent and/or new registered agent and/or the new reg  Name of New Registered Agent:		enter the name of the		
New Registered Office Address:	(Florida street address)	<del></del>		
		, Florida		
	(Cloy)	(Zip Code)		
New Registered Agent's Signature, if change I hereby accept the appointment as registered a	ing Registered Agent: agent. I am familiar with and accept to Signature of New Registered Agent, if a			

Page 1 of 3

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) Type of Action Address Title Name VP NATALIE PROWS ☑ Add
☐ Remove 4538 NIKKI COURT #4\_ ORLANDO FL 32822 ☐ Add ☐ Remove ☐ Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) se	doption; _	FEBRUAF	<u> </u>		
Effective date if applicable:	•	(date of ad	option is required)		H11000030344 (
	more than	190 days after o	mendment file date	B)	
Adoption of Amendment(s)	Œ	HECK ONE)			
The amendment(s) was/were ad- by the shareholders was/were su			The number of ve	otes cast for th	e amendment(s)
The amendment(s) was/were approvided for					
"The number of votes cast f	for the ame	endment(s) was	were sufficient for	approval	
ъу			,,,,		
(vori	ing group)				
The amendment(s) was/were add action was not required.	•				
The amendment(s) was/were add action was not required.	opted by th	he incorporators	without sharehold	er action and	shareholder
Dated02/03	/2011	Do			
selected,	by an inco	ident of other or opporator - if in by that fiducian	fficer - if directors the hands of a rece y)	or officers ha	ve not been or other court
· 			ely Zepeda		
	T)	yped or printed	name of person sig	gning)	
	-		President		<u> </u>
	(Title	of person signing	ig)		