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S. YOUNG

COVER LETTER

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TO: Amendment Section Division of Corporations

Mir

NAME OF CORPORAT	TION: HULSMAN STYL	E, INC.	
DOCUMENT NUMBER			
The enclosed Articles of A	Amendment and fee are su	bmitted for filing.	
Please return ail correspor	ndence concerning this ma	tter to the following:	
WI	LLIAM HULSMAN		
		Name of Contact Persor	1
_	 	Firm/ Company	····
770	LORI DRIVE #258		
		Address	
PA	LM SPRINGS, FL 33461		
		City/ State and Zip Code	
WILLIA	M@HULSMANSTYLE.C	СОМ	
	E-mail address: (to be us	ed for future annual report	notification)
For further information co	ncerning this matter, pleas	e call:	
WILLIAM HULSMAN		361 at (254-1932 de & Daytime Telephone Number
Name of Contact Person		Area Coo	le & Daytime Telephone Number
Enclosed is a check for the	e following amount made p	payable to the Florida Depa	rtment of State:
S35 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		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of

HULSMAN STYLE, INC.		
(Name of Corporati	ion as currently filed with the Florida Dept. of State)	
P11000049595		
(Docur	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following ame	endment(s)
A. If amending name, enter the new name of the co	orporation:	
	The	new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	rd "corporation," "company," or "incorporated" or the abbrev p," "Inc," or "Co". A professional corporation name must conta	riation
B. Enter new principal office address, if applicable	<u>e:</u>	
(Principal office address <u>MUST BE A STREET ADI</u>	DRESS)	
	<u> </u>	_ E T
C. Enter new mailing address, if applicable:		10 5
(Mailing address MAY BE A POST OFFICE BO	<u>)X</u>) : mo	
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		<u>. 3</u>
D. If amending the registered agent and/or register	wad office address in Florida, enter the name of the	
new registered agent and/or the new registered		
		
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	_
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Reg	gistered Agent: I am familiar with and accept the obligations of the position.	
Thereby accept me appointment as registered agent.	t am jamuar wan ana accept the obugations of the position.	
Sign	nature of New Revistered 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.

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	HULSMAN, WILLIAM	770 LORI DRIVE
Add			#258
X Remove			PALM BEACH, FL 33461
2) Change	P	WILLIAM HULSMAN LIVING TRUST	770 LORI DRIVE
X Add	<u> </u>		#258
Remove			PALM BEACH, FL 33461
3) Change			
Add			
Remove			
4) Change			
Add			-
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
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			-	
		<u> </u>		
 				
f an amendment provides for an exch	ange, reclassification	or cancellation o	f issued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	idment if not contain	<u>ed in the amendm</u>	ent itself:	
			<u> </u>	
		<u></u>		•.
				

The date of each amendment(s) adoption:	, if other than the
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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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):	t
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ 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.	
JUNE 29, 2018	
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)	
WILLIAM HULSMAN, TRUSTEE OF WILLIAM HULSAMN LIVING	TRUST
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	