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ECRETARY OF STATE
TALLAHASSEE, FL

09/27/18

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Pro Web Performa	ance, Inc.	
DOCUMENT NUMI	BER:		
The enclosed Articles	of Amendment and fee are su	ubmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Gary Robertson		
		Name of Contact Person	n
	KB Pelican, Inc.		
		Firm/ Company	
	77 Harbor Drive #64		
	•-	Address	
	Key Biscayne, FL 33149		
		City/ State and Zip Cod	e
gary(@kbpelican.com		
		sed for future annual report	notification)
For further informatio	n concerning this matter, plea	305	. 776-0226
Name (of Contact Person	at (Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made		,
■ \$35 Filing Fee	□S43.75 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 Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 SEP 21 AM 10: 23

Pro web Performance, Inc.		SECRETARY OF STATE
(<u>Name</u>	of Corporation as curren	ntly filed with the Florida Dept. of State LAHASSEE, FI
P11000106090		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:	
N/A		The new
	nation "Corp," "Inc," or	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address,		N/A
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A
(Matting dadress MAT BE A POST	<u>OFFICE BOX</u>)	
D. If amending the registered agent ar	nd/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the ne		
Name of New Registered Agent	KB Pelican, Inc.	
	77 Harbor Drive #64	
	(Florida s	street address)
New Registered Office Address:	Key Biscayne	. Florida 33149
New Registerea Office Address.		(City) (Zip Code)
		•
New Registered Agent's Signature, if c		
I hereby accept the appointment as regist	ered agent. I am fan d tiar	r with and accept the obligations of the position.
	Signature of New	Registered Agent, if changing
	iered ageni. I am fandiiai	nt: r with and accept the obligations of the position. 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.

Nuke Jones, v. as Remove	, ana sai.	ıy Smun, .	SV as an Ada.	
Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	\underline{V}	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sn	<u>nith</u>	
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		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
() Ch				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
TVA	
	_
	_
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)	
N/A	

	09/18/2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
09/18/20	18	
DatedSignature		
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	_
	Gary Robertson	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	