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DIVISION OF BERNANDERS

AMUNO 10 4/3/15

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	et Inc.
DOCUMENT NUMBER: P174	00020927
The enclosed Articles of Amendment and fee are su	bmitted for filing.
Please return all correspondence concerning this mat	ter to the following:
E-mail address: (to be us	Name of Contact Person Tom H. Billing, Esq. Name of Contact Person Tom H. Billing PA Firm/Company Po Box 2006 Address Palm Harbor, F1. 34682 City/State and Zip Code linis @ amail.com ed for future annual report notification)
For further information concerning this matter, pleas	e call:
Name of Contact Person	at (<u>727</u>) <u>943 - 9466</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee 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



Bret, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P120000 20927

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
x/ / A	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Coword "chartered," "professional association." or the abbreviation "P.,	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the 4."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	18807 Autumn Lake Blv. Hudson, Fl. 34667
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as principle office
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	0 1
Name of New Registered Agent Williams	am Bretagna
(Florida street	7 Autumn Lake Blod.
New Registered Office Address: (C	(Son Florida PL 34667 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h 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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	PT, V, T, S.	John Bretagna	1844 Pine Ridge Way N Palm Harbor, Fl. 34684
Add Remove			Yalm Harbor, H. 34684
2) Change	DIR	John Bretagna	<u>Same</u>
Add Remove			
3) Change \lambda Add	<u>DPS</u>	William Brotagna	18807 Autumnlake Blue Hudson Fl.
Remove			34667
4) Change			
Add Remove			
5) Change			
Add			
6) Change	-		
Add			
Remove			

<u>If amendin</u> (Attach <i>add</i>	ng or adding additional Articles, enter change(s) here: ditional sheets. if necessary). (Be specific)	
	None NIA	
		11-11
···		,
provisions	ndment provides for an exchange, reclassification, or cancellat as for implementing the amendment if not contained in the ament applicable, indicate N/A)	ion of issued shares, endment itself:
	None NIA	

The date of each amendment(s) adoption: date this document was signed.	4/30/2015	, if other than the
Effective date if applicable:	5/1/2015	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of St	meet the applicable statutory filing requirements, this tate's records.	date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)	
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for app	nareholders. The number of votes cast for the amendmen proval.	n(s)
	shareholders through voting groups The following states roup entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amend	ment(s) was/were sufficient for approval	
by		
(voting	g group)	
☐ The amendment(s) was/were adopted by the beaction was not required.	pard of directors without shareholder action and sharehol	lder
☐ The amendment(s) was/were adopted by the in action was not required.	corporators without shareholder action and shareholder	
Dated4	15	
	121	
Signature (By addrector, preside	ent or officer – if directors or officers have not bee	<u></u> ·n
selected, by an incorp	porator — if in the hands of a receiver, trustee, or other co	ourt
appointed fiduciary b	y that fiduciary)	
	John Bretagna	
(T	yped or printed name of person signing)	
	DPS	
	(Title of person signing)	