P12000056942

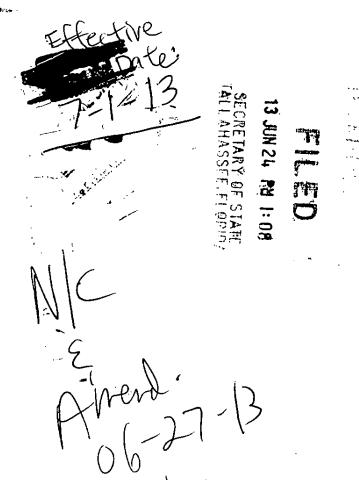
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: POTTY F	RESH PRO II	NC
DOCUMENT NUM	P12000056	942	
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	REGINA SAND	DERS	
	COGSWELL IN	 	
	300 SW 2ND S		
	FORT LAUDE	RDALE, FL	33312
		City/ State and Zip Cod	e
rls	anderscpa@gm	nail.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
DAVID CO	GSWELL	at (954	,905-6220
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 2661 E	Address Iment Section on of Corporations Building Executive Center Circle
		Tallaha	assee, FL 32301

Articles of Amendment Articles of Incorporation

POTTY FRESH PRO INC

SHIP TO (Name of Corporation as currently filed with the Florida Dept. of State) P12000056942 (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: COGSWELL INNOVATION INC. 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." 300 SW 2ND ST, STE 7 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) FORT LAUDERDALE, FL 33312 C. Enter new mailing address, if applicable: SAME (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 office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Zip Code) 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: X Change	<u>PT</u>	John Do	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	Title		Name		Address
1) Change		_		-	
Add					
Remove					
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add	`			•	
Remove					
5) Change		_		-	
Add				-	<u>. </u>
Remove					
6) Change					
Add		_		-	
Remove				•	
1201110 40					

Att		
	tach additional sheets, if necessary). (Be s	specific)
		
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<u>If a</u>	an amendment provides for an exchange,	reclassification, or cancellation of issued shares,
If a	rovisions for implementing the amendmen	reclassification, or cancellation of issued shares, It if not contained in the amendment itself;
If a	an amendment provides for an exchange, rovisions for implementing the amendmen (if not applicable, indicate N/A)	reclassification, or cancellation of issued shares, at if not contained in the amendment itself:
If a	rovisions for implementing the amendmen	reclassification, or cancellation of issued shares, at if not contained in the amendment itself:
If a	rovisions for implementing the amendmen	reclassification, or cancellation of issued shares, at if not contained in the amendment itself:
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If a pro	rovisions for implementing the amendmen	reclassification, or cancellation of issued shares, it if not contained in the amendment itself:

The date of each amendment(s) ado	option: <u>* JUNE 17, 2013</u>
Effective date <u>if applicable</u> :	JULY 1, 2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopt by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	eted by the board of directors without shareholder action and shareholder
0	ne 19, 2013
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diffiduciary by that fiduciary)
_	RECINA SAMDERS (Typed or printed name of person signing)
_	CHIEF FINANCIAL OFFICER (Title of person signing)