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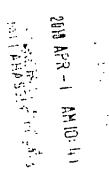
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPO | DRATION: Fleet Multipliers. | Inc | | |
|------------------------|--|--|--|----------------------|
| | IBER: P12000100648 | | | F. 1 |
| | s of Amendment and fee are su | ibmitted for filing. | | بر ا در ا در ا |
| Please return all corr | espondence concerning this ma | itter to the following: | | |
| | Marion C Kissell | | | |
| | | Name of Contact Perso | n | |
| | | Firm/ Company | | |
| | 935 East Whitmire Drive | | | |
| | | Address | | |
| | Melbourne, FL 32935 | | | |
| | | City/ State and Zip Cod | le | |
| Fmp | oizzaoven⁄@gmail.com | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | |
| For further informati | on concerning this matter, pleas | se call: | | |
| Marion Kissell | | at (| 6988925 | |
| Name of Contact Person | | Area Co | ode & Daytime Telephone Nur | nber |
| 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) | □\$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| An Div | ailing Address nendment Section vision of Corporations D. Box 6327 | Ameno Divisio | Address Iment Section on of Corporations on Building | |

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| ently filed with the Florida Dept. of corporation (if known) this Florida Profit Corporation adoption | 3 3 3 3 5 |
|---|--|
| this <i>Florida Profit Corporation</i> adop | ots the following amendment(s) |
| this <i>Florida Profit Corporation</i> adop | ots the following amendment(s) |
| this <i>Florida Profit Corporation</i> adop | ots the following amendment(s) |
| | ots the following amendment(s) |
| <u>:</u> | • |
| | |
| | The new |
| or "Co". A professional corporation | ted" or the abbreviation |
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| | of the |
| ress: | |
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| | |
| a street address) | |
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| F | lorida |
| | ration," "company," or "incorporate or "Co". A professional corporation "P.A." address in Florida, enter the name ress: |

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 Doc | |
| X Remove | V | Mike Jones | |
| _X Add | <u>SV</u> | Sally Smith | |
| 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 | | | |
| Kenrove | | | |
| 6) Change | | - | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Arti (Attach additional sheets, if necessary). | | | | |
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| If an amendment provides for an exch | ange, reclassification, o | or cancellation of is | sued shares, | |
| provisions for implementing the amer (if not applicable, indicate N/A) | ndment if not contained | in the amendment | t itself: | |
| 'e have approved a reallocation of our stoo | ck shares as Follows | | | |
| arion C Kissell. 90 shares | | | | · · · · · |
| ouglas A Kissell. 10 shares | | | | |
| <u> </u> | ·—· | | | |
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| | 25 March, 2019 | |
|---|--|--|
| The date of each amendment(s) a date this document was signed. | doption: | , if other than th |
| 25 Effective date <u>if applicable</u> : | March, 2019 | |
| <u> </u> | (no more than 90 days after amendment | file date) |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing req epartment of State's records. | nuirements, this date will not be listed as th |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were ac by the shareholders was/were s | opted by the shareholders. The number of votes cast fo ufficient for approval. | r the amendment(s) |
| | proved by the shareholders through voting groups. The reach voting group entitled to vote separately on the ar | |
| "The number of votes cas | for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| The amendment(s) was/were ac action was not required. | opted by the board of directors without shareholder acti | on and shareholder |
| ☐ The amendment(s) was/were action was not required. | opted by the incorporators without shareholder action a | nd shareholder |
| 25 March Dated | 2019 | |
| Signature | D WILL | |
| (By a) select | director, president or other officer – if directors or office ed. by an incorporator – if in the hands of a receiver, tru- nted fiduciary by that fiduciary) | |
| | Douglas Kissell | |
| | (Typed or printed name of person signing) | |
| | Pres. | |
| | (Title of person signing) | |