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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO		BLISHING GROUP, INC	
DOCUMENT NUM	P13000011020		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	MARIA G CANALE		
	MOONSTONE PUBLISHIN	Name of Contact Person SG GROUP, INC	n
	5029 CYPRESS BRANCH I	Firm/ Company	
	OVIEDO, FL. 32765	Address	
		City/ State and Zip Cod	· ·
	MARIA@OLEIM.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
MARIA G. CANALE Name of Contact Person		4()7 at (739-9078
			de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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 Tallahassec, 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

	ly filed with the Florida Dep	ot. of State)
P13000011020		
(Document Number of	of Corporation (if known)	
arsuant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation a	idopts the following amendment(
If amending name, enter the new name of the corporation: /A		
me must be distinguishable and contain the word "corporation "orp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or 'ord "chartered," "professional association," or the abbreviation	"Co". A professional corpor	
D.A. 1. 1. John J. J. 16 J. A.	N/A	
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADDRESS</u>)	***************************************	
merpur ogget unuress mest bis A 37 Kin. 1 ADDRESS (
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		
		
If amending the registered agent and/or registered office add	ress in Florida, enter the na-	me of the
new registered agent and/or the new registered office address	<u>s:</u>	ar or me
N/A		
Name of New Registered Agent		
		·
	reet address)	
(Florida st		
(Florida M. N/A New Registered Office Address:		, Florida
N/A	(City)	Florida(Zip Code)
N/A	(City)	
N/A	(City)	
N/A <u>New Registered Office Address:</u> w Registered Agent's Signature, if changing Registered Agent	<u>u</u>	(Zip Code)
N/A <u>New Registered Office Address:</u> w Registered Agent's Signature, if changing Registered Agent	<u>u</u>	(Zip Code)
N/A New Registered Office Address: We Registered Agent's Signature, if changing Registered Agent	<u>u</u>	(Zip Code)
N/A New Registered Office Address: We Registered Agent's Signature, if changing Registered Agent	<u>u</u>	(Zip Code) as of the position.
N/A New Registered Office Address: We Registered Agent's Signature, if changing Registered Agent ereby accept the appointment as registered agent. I am familiar	t: with and accept the obligation	(Zip Code) as of the position.
N/A New Registered Office Address: Rew Registered Agent's Signature, if changing Registered Agent accept the appointment as registered agent. I am familiar	<u>u</u>	(Zip Code)
N/A New Registered Office Address: w Registered Agent's Signature, if changing Registered Agent ereby accept the appointment as registered agent. I am familiar	t: with and accept the obligation	(Zip Code) as of the position.
N/A New Registered Office Address: Rew Registered Agent's Signature, if changing Registered Agent accept the appointment as registered agent. I am familiar	t: with and accept the obligation	(Zip Code)
N/A New Registered Office Address: Rew Registered Agent's Signature, if changing Registered Agent accept the appointment as registered agent. I am familiar	t: with and accept the obligation	(Zip Code) as of the position.

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: <u>X</u> Change	<u>PT</u> <u>Jol</u>	h <u>n Doe</u>	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	<u>llv Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	TR	MARIA I. CANALE	5005 CYPRESS BRANCH PT.
Add			OVIEDO, FL 32765
X Remove			
2) Change	TR	MARIA I. (XGARA	5005 CYPRESS BRANCH PT.
X Add			OVIEDO, FL. 32765
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
/A	
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If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares.
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and and the amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
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(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and and amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and and an angular in the amendment itself:
(if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, and and the amendment itself:
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:

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 will not be listed as if document's effective date on the Department of State's records.
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):
"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 12, 2017
Signature Mark & Concle
(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)
MARIA G. CANALE
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)