## P13666/4/37

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T. LEMIEUX



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

. :

NAME OF CORPOR	RATION: SUPERB NUMBE	ERWING CREATIONS, IN	VC.		
DOCUMENT NUME	BER:				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Angelina Rotundo				
	Name of Contact Person				
	Firm/ Company				
	PO Box 411146				
	Address				
	Melbourne, FL 32941				
		City/ State and Zip Cod	•		
angel	inacr@bellsouth.net				
<del></del>	E-mail address: (to be us	sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Angelina Rotundo		at ( <u>321</u>	591-3458		
Name o	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check for	r 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)		
Mailing Address Amendment Section		Street Address Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building			
1 2112	шаээсс, г.с. э2314		executive Center Circle assec, FL 32301		

## Articles of Amendment to Articles of Incorporation of

SUPERB NUMBERWING CREATIONS, INC.

(Name	of Corporation as curren	tly filed with the Florida Dep	at of State)	
P13000014127		and white was the property of	at or other	
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation a	dopts the follow	ring amendment(s)
A. If amending name, enter the new na	ame of the corporation:			
NUMBERWING, INC.				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corpor		abbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>		N/A		
	-		. <del></del>	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)		N/A		
				<del></del>
D. If amending the registered agent an			me of the	<del> </del>
new registered agent and/or the nev		<u>ss:</u>		
Name of New Registered Agent	N/A			
	(Florida s	treet address)		<del>.</del>
New Registered Office Address:	N/A		. Florida	
New negationed Office nuares.		(City)	-·	p Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			s of the position	
			:	22
			•	
	Signature of New	Registered Agent, if changing		
			•	3
			-	
				TT CD
				<i>5</i> 5⊢

## 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.

X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) N/A Change	<del></del>		
N/A Add			
N/A Remove			
2)Change		_	
Add			
Remove			
3)Change			<u> </u>
Add			
Remove			<del></del>
4) Change			
Add			
Remove			<del></del>
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

L. <u>II ame.</u> Attach)	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
N/A	
<del></del>	
·	
· · · · · · ·	
	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself:
	f not applicable, indicate N/A)
N/A	
<del></del>	
******	

January 8, 2018	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nt(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareho action was not required.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
January 8, 2018 Dated	
Signature <u>Angelina Rotundo</u>	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	
Angelina Rotundo	
(Typed or printed name of person signing)	<del></del>
President	
(Title of person signing)	