## P1300002/609

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	Dossier	App	Inc.				
DOCUMENT NUMBER:	P13000021	609		- 1- 2- 2- 2- 2- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-			
The enclosed Articles of Amenda	nent and fee are	submit	ted for filing.				
Please return all correspondence	concerning this	matter t	o the following:				
		Kyl	e Parsons				
			lame of Contact Perso	on			
		Dos	sier App Inc	•			
			Firm/ Company				
	13804 La	aceba	ark Pine Rd.				
Address							
	Orlando, FL 32832						
		С	ity/ State and Zip Coo	de			
k	yle@dossi	er.m	obi				
E-mai	l address: (to be	used fo	or future annual repor	t notification)			
For further information concernin  Kyle Parsons	g this matter, pl	ease cal		505 0101			
Name of Contact I	Person			595-0191 ode & Daytime Telephone Number			
Enclosed is a check for the follow		le payal		•			
	75 Filing Fec & ificate 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 Addre Amendment Ser Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations		Amen Divisi Cliftor 2661 l	t Address dment Section on of Corporations n Building Executive Center Circle lassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of

Dossier App Inc.					
(Name of Corporation as currently file	d with the Flor	ida Dept. of Sta	<u>ite</u> )		
P13000021609					
(Document Number of C	Corporation (if k	nown)			
Pursuant to the provisions of section 607.1006, Florida Stanticles of Incorporation:	Statutes, this <i>F1</i>	orida Profit Cor <sub>l</sub>	poration add	opts the following	amendment(s) to
. If amending name, enter the new name of the cor	poration:				
					The new
ame must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the al	"Inc," or "Co	". A profession	r "incorpor nal corporat	ated" or the ab	breviation
. Enter new principal office address, if applicable:					
Principal office address <u>MUST BE A STREET ADDR</u>	RESS )				
Enter new mailing address, if applicable:	•	į			
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	)			·	
). If amending the registered agent and/or registered	d office addres	s in Florida, ent	er the name	of the	
new registered agent and/or the new registered of		3 111 2 102 1444 0144	or the half	. 01 1110	
Name of New Registered Agent					
	(Florida street	address)			
New Registered Office Address:			, Florida		
The Registration of the Factories.	(City)		, 1 1011011	(Zip Code)	
					~
					AR A
lew Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. It		h and accept the	obligations	of the position.	
	-	•	·	- •	198 ME 12 PM 4:
Signature of New	Registered Age	ent, if changing		:	85 V
	. 0	. , , ,		60	
				<i>3</i> 2	A See W
					* O

(Attacl	n additional sheets, if necessary). (Be specific)
<del></del>	
•	
. <u>If an</u>	amendment provides for an exchange, reclassification, or cancellation of issued shares,
prov	isions for implementing the amendment if not contained in the amendment itself:  if not applicable, indicate N/A)
	· · ·
	number of shares of stock shall be One-hundred (100), divided bllows:
45 IC	TIOWS.
-Kyl	e Parsons, CEO, Forty-Five (45) Shares
-Hima	anshu Chaudhary, President, Forty (40) Shares
-Davi	d Parsons, CFO, Fifteen (15) Shares
Duvi	a ransons, cro, rinceen (15) Shares