P13000035222

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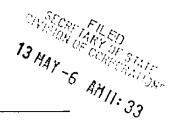
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLORENT	1, INC.			
DOCUMENT NUMBER: P1300003522	2			
The enclosed Articles of Amendment and fee are su				
Please return all correspondence concerning this ma	tter to the following:			
TRACI A. MALIK	, CPA			
	Name of Contact Person	1		
JONES & COMP.	ANY CPAS PA			
·	Firm/ Company			
2513 SEVEN SP	RINGS BLVD.			
	Address			
TRINITY, FL 346	355			
	City/ State and Zip Cod	е		
sundalez@me.com				
E-mail address: (to be us	sed for future annual report	notification)		
For further information concerning this matter, pleas	se call:			
TRACI A. MALIK, CPA	at (727	845-4166 de & Daytime Telephone Number		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:		
\$35 Filing Fee \$\text{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	Street	Address		
Amendment Section	Amendment Section			
Division of Corporations		on of Corporations		
P.O. Box 6327		Building		
Tallahassee, FL 32314	2001 E	xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



FLORENT1, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000035222

dment(s) to

F 13000033222			
(Documen	t Number of Corporation (if	'known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation ad	opts the following amendme
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or "C	Co". A professional corporat	rated" or the abbreviation
B. Enter new principal office address,	if annlicable:	N/A	
(Principal office address MUST BE A ST			
		 	
C. Enter new mailing address, if appli	cable:	N/A	
(Mailing address MAY BE A POST C		IN/A	
D 16 11 11 14 1 4	3.6		641 -
D. If amending the registered agent an new registered agent and/or the new			<u>e or the</u>
Name of New Registered Agent	N/A		
Ivame of Ivew Registered Agent			
	(Florida stre	et address)	
New Designation LOG Address	•	,	
New Registered Office Address:	(City)	, Florida_	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as registe			of the position
J		accept the congultons	S Pourion
Sic	anature of New Registered A	gent 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	oe	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>SV</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	D		MARTIN SUNDAHL	2963 AUTUMN DRIVE
X Add				PALM HARBOR, FL 34683
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add		_		
Remove				

	ditional sheets	, if necessary).	ticles, enter ch (Be specific)			
N/A						
	•				<u> </u>	
					 	
						<u>. </u>
						
		-				
			-			
			, ,			
	1					
If an ame	ndment provi	des for an exc	hange, reclassi	fication, or can	cellation of issued	shares,
provision (if no	is for impleme ot applicable, i	enting the amo indicate N/A)	endment if not	contained in th	e amendment itse	<u>lf:</u>
I/A		•				
		<u> </u>		· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·						
			••			
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The date of each amendment(s) Effective date <u>if applicable</u> :	MEDIATE '	days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)	' and a special containers and a special conta
_	dopted by the shareholders. The	number of votes cast for the amendment(s)
		ugh voting groups. The following statement vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were	sufficient for approval
by	(voting group)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)	
action was not required. The amendment(s) was/were ac		without shareholder action and shareholder out shareholder action and shareholder
action was not required. Dated 4/22/2	2013 (1)	
Signature	blake	
(By a select		er – if directors or officers have not been hands of a receiver, trustee, or other court
	MARTIN SUNDA	HL .
	(Typed or printed n	ame of person signing)
•	DIRECTOR	
	(Title of person:	signing)