P13000031820

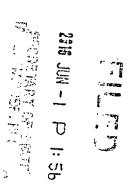
| (F | Requestor's Name) | | |
|---|-------------------------|--|--|
| (/ | Address) | | |
| (<i>t</i> | Address) | | |
| (0 | City/State/Zip/Phone #) | | |
| PICK-UP | WAIT MAIL | | |
| (E | Business Entity Name) | | |
| (C | Document Number) | | |
| Certified Copies | Certificates of Status | | |
| Special Instructions to Filing Officer: | | | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: BASE ON THE S | KY CORP | | | |
|---------------------------|--|--|------------------------------|--|--|
| DOCUMENT NUMB | ER: P13000037820 | | | | |
| | f Amendment and fee are su | ıbmitted for filin | g. | | |
| Please return all corresp | ondence concerning this ma | atter to the follow | ving: | | |
| | | MARTA I | E JACOFS | KY | |
| - | | Name of Cor | ntact Perso | n | |
| | BA | SE ON THE SK | Y CORP | | |
| - | | Firm/ Co | ompany | | |
| | 2320 НО | DLLYWOOD B | OULEVRE |) | |
| _ | Address | | | | |
| | HOLLY | WOOD FLOR | IDA 33020 |) | |
| | | City/ State ar | nd Zip Cod | e | |
| | r | nartaj@mejacco | unting.com | 1 | |
| | E-mail address: (to be u | sed for future an | nual report | notification) | |
| For further information | concerning this matter, pleas | se call: | | | |
| marta e jacoifsky | | at (³ | 05 | 300-1743 | |
| Name of | Contact Person | | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check for | the following amount made | payable to the Fl | lorida Depa | artment of State: | |
| \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filin Certified Co (Additional enclosed) | эру | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Amer Divis P.O. 1 | ing Address Idment Section Idment Se | | Amend Division Clifton | Address Iment Section on of Corporations Building Executive Center Circle | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

BASE ON THGE SKY CORP

| (Name of Corporation as curr | rently filed with the Florida Dept. of State) |
|---|---|
| | P13000037820 . |
| (Document Numb | per of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, ts Articles of Incorporation: | this Florida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the corporation | <u>ı:</u> |
| name must be distinguishable and contain the word "corpor | The new |
| ame mast be distinguishable and contain the word—corpor "Corp" "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviati | or "Co". A professional corporation name must contain the |
| 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS) | |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | - Constant |
| | |
| | |
|). If amending the registered agent and/or registered office a | address in Florida, enter the name of the |
| new registered agent and/or the new registered office add | |
| Name of New Registered Agent | |
| | |
| (Florid | la street address) |
| New Registered Office Address: | . Florida |
| | (City) (Zip Code) |
| | |
| | |
| lew Registered Agent's Signature, if changing Registered Ag hereby accept the appointment as registered agent. I am famili | ent: iar with and accept the obligations of the position |
| Tun junin | and decept the confidences of the position. |
| | |
| | |
| Signature of Ne | w Registered Agent 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.

| <u>X</u> Change | <u>PT</u> | John Doe | |
|----------------------------|--------------------------|--------------------|-------------------------|
| X Remove | $\underline{\mathbf{v}}$ | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | Address |
| 1) Change | D | MARINA LEIVAS | 2320 HOLLYWOOD BLVD |
| Add | | | HOLLYWOOD FL 33020 |
| X Remove | | | |
| 2) Change | D | ALEJANDRO LAURENCE | 2320 HOLLYWOOD BLVD |
| Add | | | HOLLYWOOD FLORIDA 33020 |
| X Remove | | | |
| 3) Change | D | GLORIA LAURENCE | 2320 HOLLYWOOD BLVD |
| X Add | | | HOLLYWOOD FL 33020 |
| Remove | | | · second district . |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | 47744 |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| f amending or adding Attach additional sheets | i, if necessary). | (Be specific) | | | | |
|--|-------------------|------------------|-------------------|---------------------|----------|----------|
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| f an amendment provi | ides for an exc | hange, reclassit | ication, or cance | llation of issued s | shares, | |
| provisions for implem (if not applicable, | enting the ame | endment if not | contained in the | amendment itself | <u>:</u> | |
| (,, ποι αρφινούσιο, | , | | | | | |
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| 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 ame | ndment file date) |
| Note: If the date inserted in this block does not meet the applicable statutory fil document's effective date on the Department of State's records. | ing requirements, this date will not be listed as the |
| Adoption of Amendment(s) (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval. | cast for the amendment(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately o | |
| "The number of votes cast for the amendment(s) was/were sufficient for ap | pproval |
| by | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without sharehol action was not required. | der action and shareholder |
| The amendment(s) was/were adopted by the incorporators without shareholder a action was not required. | nction and shareholder |
| Dated | |
| Signature(By a director, president or other officer – if directors of the other officer – if di | |
| selected, by an incorporator if in the hands of a recei | or officers have not been ver, trustee, or other court |
| appointed fiduciary by that fiduciary) | • |
| MADIAN BUYNG | |
| (Typed or printed name of person si | igning) |
| TOXIDAG | |
| (Title of person signing |) |