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(City/State/Zip/Phone #)	
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: VANDAL DESIG	SNS INC	
	BER:		
The enclosed Articles	of Amendment and fee are so	ibmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	MADIHA		
		Name of Contact Perso	n
		Firm/ Company	
	7 DAVID AVENUE		
	HICKSVILLE, NY 11801	Address	
		City/ State and Zip Cod	le
For further information	E-mail address: (to be use a concerning this matter, please	sed for future annual report	notification)
MADIHA		516	822-3100
Name o	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	□\$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)
Ame Divis P.O.	ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301

Articles of Amendment to Articles of Incorporation of

VANDAL DESIGNS INC

(Name of Corporation as c	urrently filed with the Florida Dept. of State)	
P13000063598		
(Document Nu	imber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the fo	ollowing ame
A. If amending name, enter the new name of the corporat	tion:	
OAT AND OAR INC.		The
name must be distinguishable and contain the word "corp." "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc., word "chartered," "professional association," or the abbrevi	"," or "Co". A professional corporation name	the abbrev
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
(Trincipal Office address MOST BE A STREET ADDRESS		1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TALL MAN
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a	ce address in Florida, enter the name of the address:	
Name of New Registered Agent		
(Flo	orida street address)	ĺ
New Registered Office Address:	, Florida	
	(City)	(Zip Codi
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	Agent: miliar with and accept the obligations of the pos	ition.
Signature of	New Registered Agent, if changing	

- (Attach additional sheets, - Please note the officer/di		cary) e by the first letter of the office title	,-	
P = President; V = Vice	President = Chief I	; T= Treasurer; S= Secretary; D= Financial Officer. If an officer/dir	Director; TR≃ Trus	tee; C = Chairman or Clerk; (n one title, list the first letter o
Changes should be noted	in the fo	n would be 1715. llowing manner. Currently John D orporation, Sally Smith is named to	oe is listed as the PS	T and Mike Jones is listed as th
Mike Jones, V as Remove	, and Sal	ly Smith, SV as an Add.	te Funu S. These sho	uia 0e notea as John 190e, PT (
Example:		_		
X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
$X ext{Add}$	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change				
Add			_	
Remove			-	
2) Change				
Add			_	
Remove			_	
3) Change				
Add			_	
Remove			_	
4) Change		 		
Add			_	
Remove			_	
5) Change	_			
Add			_	
Remove			_	
6) Change				
Add			_	
Remove			_	
		D 2 64		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title address of each Officer and/or Director being added:

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	amending or adding additional sheets, if nec	essary). (Be specif	ic)		
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The date of each amendment(s) addate this document was signed.	doption:	if c
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	block does not meet the applicable statutory filing requirements, this date variation of State's records.	vill not be
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
	ER 18TH, 2019	
Dated		
(By a di selected	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	STEPHEN JAKUBIAK	
	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	