

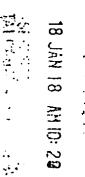
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JAN TO LAND

R. WHITE

JAN 22 2018

COVER LETTER

Division of Corporations
NAME OF CORPORATION: SYNTHAY, INC
DOCUMENT NUMBER: P13000071390
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mathias von Heydekanpf Name of Contact Person Synthax Inc Firm/Company 6600 Nw 16th Street, Suftle 10 Address Plantation, FL 33313
Synthax Inc
6600 NW 16th Street, Sufte 10
Plantation, FL 33313
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
r:-man address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mathias ver Heydekampf at 754, 206-4220 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

萨其东原

to Articles of Incorporation 18 JAN 18 AH 10: 20

nthay In Million

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

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006. Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

	1		The
me must be distinguishable and contain to Corp.," "Inc.," or Co.," or the designation			
ord "chartered," "professional association,	or the abbreviation "P.A."	, A projessionai (corporation name must contai
Enter new principal office address, if app	 plicable:		
rincipal office address <u>MUST BE A STREI</u>			
	<u> </u>		
	_	_	
Enter new mailing address, if applicable			
(Mailing address MAY BE A POST OFFI	<u>(CE BOX</u>)		
If amending the registered agent and/or new registered agent and/or the new reg	registered office address in	ı <u>Florida, enter t</u>	he name of the
new registered agent and/or the new reg	istered office address:		
If amending the registered agent and/or new registered agent and/or the new reg	registered office address in istered office address:		
new registered agent and/or the new reg	istered office address:		
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new registered agent and/or the new reg Name of New Registered Agent	istered office address:	dress)	
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Name of New Registered Agent New Registered Office Address:	istered office address: (Florida street ad (City)	dress)	Florida
new registered agent and/or the new reg Name of New Registered Agent New Registered Office Address: w Registered Agent's Signature, if changi	istered office address: (Florida street ad (City) ing Registered Agent:	dress)	, Florida(Zip Code)
new registered agent and/or the new reg Name of New Registered Agent New Registered Office Address: w Registered Agent's Signature, if changi	istered office address: (Florida street ad (City) ing Registered Agent:	dress)	, Florida(Zip Code)
Name of New Registered Ayent	istered office address: (Florida street ad (City) ing Registered Agent:	dress)	, Florida(Zip Code)

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V= Vice I Executive Officer; CFO = held, President, Treasurer Changes should be noted	and/or Di if necessivector title President, = Chief F r, Directo in the fol- ves the co	ary) to by the first letter of the office title: T= Treasurer; S= Secretary; D= Director; TR= Tr Trancial Officer. If an officer/director holds more to Tr would be PTD. To be is listed as the I To be proporation, Sally Smith is named the V and S. These s	nustee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office PST and Mike Jones is listed as the V. There is
X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	D	Mathias von Heyde Kampf	6600 NW 16th St. Scite 10
Remove			Plantation, FL 33313
2) Change	-	- -	
Add			
Remove			
3) Change			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add		•	
Remove			
6) Change		-	

___ Add

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If amending or adding additional Artic Attach additional sheets, if necessary).	(Be)specific)
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f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
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	1.

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 document's effective date on the Department of S	of meet the applicable statutory filing requirements, this date will not be listed as the state's records.
Adoption of Amendment(s) (CH)	ECK ONE)
The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap	hareholders. The number of votes east for the amendment(s)
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes east for the amend	dment(s) was/were sufficient for approval
by	ng group)
	noard of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the i- action was not required.	ncorporators without shareholder action and shareholder
Dated January 17, 2 Signature	2 17. Wa
	dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)
K	IM ANNA KNOEDLER Typed or printed name of person signing)
· ·	
	(Title of person signing)