P13000074598

(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

HOPLITE SCI NAME OF CORPORATION:	IENCE CORPORATIO	ON		
P13000074598 DOCUMENT NUMBER:				
	1 10 10 01			
The enclosed Articles of Amendment and fee are su	ibmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
SURESH KUMAR				
	Name of Contact Person			
8517 PORTAGE AVE	Firm/ Company NUE			
TAMPA, FL 33647	Address			
	City/ State and Zip Code			
SURESH.KUMAR@BASE	LINEAGENT.BIZ			
E-mail address: (to be u	sed for future annual report	notification)		
·				
For further information concerning this matter, plea	se call:			
SURESH KUMAR	702 at (847-5854		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:		
\$35 Filing Fee \$\times \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 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 to Articles of Incorporation of

HOPLITE SCIENCE CORPORATION

(Name of Corporation as currently filed with the FI P13000074598	orida Dept. of State)	ري
(Document Number of Corporation (if	f known)	ivise SE
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following and	Gendment(s) to
A. If amending name, enter the new name of the corporation:	≅	300 1000 1000
LEAGUE OF SHADOWS, INC.		; ∃,∽
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must cont	viation
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent		
· · · · · · · · · · · · · · · · · · ·		
(Florida sire	eet address)	
New Registered Office Address: N/A	. Florida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w Signature of New Registered A	ith and accept the obligations of the position.	

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	PT John Doe		
X Remove	V Mike Jones		
_X Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>		Address
1) Change	<u> </u>		
Add			
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change		4	
Add			
Remove	·		
T. 01			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amendin Attach addi	g or adding itional shee	g additiona ts, if necess	l Articles, ary). (Be	e specific)	ge(s) here:				
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If an amen provision (if not	ndment pro is for imple 1 applicable	oyides for a menting th e, indicate N	n exchang e amendm //A)	e, reclassifi ent if not c	ication, or ontained i	cancellatio h the amen	n of issued dment itseli	shares, f:	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: // /A (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 $\frac{N/A}{}$ (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 09/28/2013	
Dated 09/28/2013 Signature Zobuto Garria	10 - 10 - 1
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	