P13000097843

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORAT	ION: Two C	hics On Fire I	nc.	
DOCUMENT NUMBER	MENT NUMBER: P13000097843			
The enclosed Articles of A	imendment and fee are su	bmitted for filing.		
Please return all correspon	dence concerning this ma	tter to the following:		
	Wen	dall Stroderd		
		Name of Contact Person	n	
	AVO	CAT Inc.		
		Firm/ Company		
	151	1 Masters Road	N.W.	
		Address		
	D a l	m Bay, FL. 3290	7.7	
<u></u>	141	City/ State and Zip Cod		
	wend	all@everything	orevard.com	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information co	ncerning this matter, pleas	se call:		
	Wendall Strode	rd at(321) 676-8920	
Name of C	ontact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the	e 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)	

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 Articles of Incorporation

Two Chics On Fire Inc.

(Name of Corporation as currently f	iled with the Florid	a Dept. of State)			
P13000097843					
(Document Number of	Corporation (if kno	wn)			
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this <i>Flor</i> i	ida Prost Corporation ado	pts the following a	nendme	ent(s)
A. If amending name, enter the new name of the co	orporation;				
N/A			Th	ie n e u	v
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	," "Inc," or "Co".	A professional corporati			
B. Enter new principal office address, if applicable		N/A			
(Principal office address MUST BE A STREET ADD	DRESS)		;~i~-		
			# S	7	
	<u></u>			<u>ر</u>	
C. Enter new mailing address, if applicable:		N/A		N	
(Mailing address <u>MAY BE A POST OFFICE BO</u>	<u> </u>		7 10 20	ω	m
	_			===	\Box
			The state of the s	7,	
D. If amending the registered agent and/or registered new registered agent and/or the new registered	office address;	n Florida, enter the name	of the	ဌာ	
Name of New Registered Agent	N/A				
	(Florida street ac	ldress)			
New Basisters J. Office Address					
New Registered Office Address:	(City)	, Florida	(Zip Code)		
New Registered Agent's Signature, if changing Registered agent.		and assent the obligations	nf the position		
	<u></u>	<u> </u>	y ine position.		
Signature of M.	au Docintored Acous	ifahanaina			

Signature of New 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.

X Change	PT Job	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PVST	AVOCAT Inc.	1511 Masters Road N.W.
Add X Remove			Palm Bay, FL. 32907
2) Change	P <u>T</u>	Wendall Stroderd	1511 Masters Road N.W. Palm Bay, FL 32907
X Add Remove			
3) Change	VS	Tracy K. Stroderd	Palm Bay, FL. 32907
X Add			
4) Change		 	
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Ba specific)
N/A	4
•	
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an amendment provides for an exch rovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, udment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:	01/01/2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved 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 i	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
X The amendment(s) was/were adoraction was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoption was not required.	pted by the incorporators without shareholder action and shareholder	
Dated Jan 2	0, 2014	
Signature	race K. Stroderd	
	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
T	racy K. Stroderd	
	(Typed or printed name of person signing)	
	Director	
·	(Title of person signing)	_