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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: $\_$	Back	To The	Gench, Inc.			
DOCUMENT NUMBER:	46-40	320439	<del>-</del>			
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	David	Name of Contact Pers				
Back To The Bench, Inc.  Firm/Company						
8816 Roberts Rd.						
Address  Odessa, FL. 33556  City/ State and Zip Code						
Davids hall 9@gmail.com  E-mail address: (to be used for future annual report hetification)						
For further information concerning this matter, please call:						
Denise +	<del></del>	at (8/8	632-6000			
Name of Contact Pe	erson	Area C	Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:						
	75 Filing Fee & ficate 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 Addres Amendment Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations	Amer Divis Clifto 2661	et Address indment Section ion of Corporations in Building Executive Center Circle hassee, FL 32301			

## Articles of Amendment to Articles of Incorporation

of					
Back To The Bench, Inc.					
(Name of Corporation as currently filed with the Florida Dept. of State)					
46-4320439					
(Document Number of Corporation (if known)					
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment its Articles of Incorporation:	t(s) to				
A. If amending name, enter the new name of the corporation:					
The new					
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."					
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FIL				
	ر) کا ت				
	ب				
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:					
Name of New Registered Agent David P. Hall					
8816 Roberts Rd. (Florida street address)					
New Registered Office Address: Odessa, Florida 33556					
(Cay) (Lip Code)					
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.					
DRAM					
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.

Example: X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> Name	<u>Addres</u> s
1) Change	T Denise Hall	8816 Roberts Rd.
Add Remove		Odessa, FL 33556
2) Change	S Denise Hall	8816 Roberts Rd Oderra, Fl.
Remove 3) Change Add	D Denise Hall	33556 8816 Roberts Rd. Odessa, FL.
Remove		33554
Remove  5) Change Add		
Remove		
Add		

f amending or adding additional Arti Attach additional sheets, if necessary).	
· · · · · · · · · · · · · · · · · · ·	
	Manager - Manage
<del>.</del>	
	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
E, Denise Ha	sideration of #10.00
raluable con	sideration of #10.00
hereby tran	rfer David P. Hall my
Tor China	wfer David P. Hall my rship in Back To L, Inc. as of 2-28-20
30% OWNE	MANIP IN CACR 10
The Bench	L, Inc. as of 3-38-30
	Denise Clas
	, , , , , , , , , , , , , , , , , , ,

The date of each amendment(s) ad date this document was signed.	loption:	, if other than the
Effective date if applicable:	February 2	18,2017
	(no more than 90 days after an	nendment file date)
Note: If the date inserted in this b document's effective date on the De		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of voi	tes cast for the amendment(s)
	roved by the shareholders through voting groeach voting group entitled to vote separately	
"The number of votes cast	for the amendment(s) was/were sufficient for	approval
by	(voting group)	35 adm-etim-katriptismin*
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholde	r action and shareholder
DatedSignature	-28-2017 DP.Adl	
	rector, president or other officer - if director	s or officers have not been
	I, by an incorporator - if in the hands of a rec	ceiver, trustee, or other court
appoint	ed fiduciary by that fiduciary)	
	Oavid P- Hall (Typed or printed name of person President	
	(Typed or printed name of person	signing)
	President	
•	(Title of person signi	ng)