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OCT 14 2019 S. YOUNG

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

DOCUMENT NUMBER: P140000 21737							
DOCUMENT NUMBER: 14 0000 217 37							
The enclosed Articles of Amendment and fee are submitted for filing.							
lease return all correspondence concerning this matter to the following:							
W Henry Riddulph Name of Contact Person Admin Outsource Services (orp. Firm/Company 224 Data St. Sinte 509, West Palm Beach Address FL 33401 City/State and Zip Code henry @ bramidlimited.com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Henry Biddulph at (561) 667 0947 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:							
\$\ \text{S35 Filing Fee} \\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(Additional copy is enclosed)} \ \text{Copy} \\ \text{(Additional Copy is enclosed)} \ \text{(Additional Copy is enclosed)}							
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Cliffon Building							

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Ωf

Admin	Out source (Name of Corpo	Services	Corp.			
	(Name of Corpo	oration as currently	filed with the Flo	rida Dept. of State)		
	P14000021=	137				
	(De	ocument Number of	Corporation (if kno	own)		
its Articles of Incorp	isions of section 607.1006, Floration: ne, enter the new name of the section is the new name of the new name		Florida Profit Corp	poration adopts the fo	llowing amend	lment(s) to
					The i	iew
"Corp" "Inc" or word "chartered," " B. Enter new princ (Principal office add office add office add office add office add office add office address:	nguishable and contain the Co" or the designation "Corressional association," or sipal office address, if applications MUST BE A STREET with address, if applicable: a MAY BE A POST OFFICE or registered agent and/or registered agent	Corp, "Inc." or "o r the abbreviation " cable: ADDRESS)	Co". A profession P.A."	al corporation name	the abbrevia	tion
	agent and/or the new registe			er tille ligilite bi tille		
Name of Ne	w Registered Agent					
		(Florida str	vet address)			
New Registr	ered Office Address:			. Florida		
110111100	<u> </u>		(City)		(Zip Code)	Name of the last o
New Registered Ag I hereby accept the a	ent's Signature, if changing appointment as registered age	t Registered Agent: ent. I am familiar v	vith and accept the	obligations of the po.	sition.	
		Signature of New R	egistered Agent, if c	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.

Mike Jones, V as Kemovi	e, ana sa	uy Smin, 3v as an Aaa.	
Example: X_Change	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	_P_	Longobardi, Joseph	224 Datura St Svite 50
Add Remove			WortPalm Beach FL 33401
2) X Change	P	Biddulph William Henry	224 Datura St. Suite 509 West Palm Beach
Add Remove			FL 33401
3) Change			
Add			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
•	
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
ce I manbardi in	relinquishing his 100% Sharehold
	PIO
1 H IS Id dulaph 10	acquiring the 100% shareholde
1	V

The date of each amendment(s) adoption:date this document was signed.	, if other than
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t document's effective date on the Department of State's records.	his date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amenda by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following so 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''	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	:holder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	ler
Dated 25 September 2019	
Dated 25 September 2019 Signature Quiday	
(By a director, president or other officer $\stackrel{\checkmark}{=}$ if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or othe	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
Outgaing Secretary President to be!	
(Title of person signing)	

the

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