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TO: Amendment Section **Division of Corporations**

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPOR	RATION: Androclus Incorpo	orated	
DOCUMENT NUMI	P14000026509		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Susan Simms		
	·	Name of Contact Person	1
	IAG Global Inc.		
		Firm/ Company	
	6504 Contempo Lane		
		Address	
	Boca Raton, FL 33433		
		City/ State and Zip Code	e
simm	s@iagglobal.com		
		sed for future annual report	notification)
		•	
For further informatio	n concerning this matter, pleas	se call:	
Susan Simms		at (368-3404
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the 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		Amend Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as	currently filed with th	ne Florida Dept. of State)		
Androclus Incorporated P14000026509				
(Document S	Number of Corporation	(if known)		
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit	Corporation adopts the following	owing amendm	ient(s) to
A. If amending name, enter the new name of the corpor	ation:			
International Association of Fine Art Appraisers Inc.			The ne	ı.
name must be distinguishable and contain the word "co" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "It word "chartered," "professional association," or the abbre	nc," or "Co". A profé	;" or "incorporated" or the sistemate or	he abbreviatio nust contain th	n Ie
B. Enter new principal office address, if applicable:		N/F:		
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u></u>			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		~/2		
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		a, enter the name of the		:
Name of New Registered Agent	NIA		75 72	 .::
			7	
	Florida street address)			
New Registered Office Address:		, Florida	_ <u></u>	
	(City)		(Zip Code)	STATE:
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am		ot the obligations of the posit	ion.	in in
	NIA			
Signature	of New Registered Age	nt, 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	<u>PT</u>	John Doe	Fative	Paye
X Remove	<u>V</u>	Mike Jones	\sim	/A
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add			*****	
Remove				-
4) Change				
Add				
Remove				
5) (1)				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	onal sheets, if necessary).	(Be specific)			
	N/A				
					
					
,					
f an amend	nent provides for an exc	hange, reclassific	ation, or cancellati	ion of issued shares	
provisions !	or implementing the amoupplicable, indicate N/A)	endment if not co	ntained in the ame	ndment itself:	
(if not a	pucable, indicate N/A) =				
	N/A			<u> </u>	
			·		<u> </u>

Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) fficient 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	for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
November	11, 2019
DatedSignature	Resp Carta
selecte	rector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Rick Carta
	(Typed or printed name of person signing)
	President
	(Title of person signing)