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Office Use Only



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06/23/14--01013--003 **35.00

Amend 10 7,9,14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: OBL UNLI	MITED, INC.	
DOCUMENT NUMBER: 2 1400004041	6	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Proce	ssing Departme	nt
	Name of Contact Person	1
Nevada (Corporate Head	quarters
	Firm/ Company	·
5190	Neil Road, Suite	e 430
	Address	
F	Reno, NV 89502)
	City/ State and Zip Code	2
processingdepartr	ment@nchinc.co	om
	ed for future annual report	
For further information concerning this matter, pleas	e call:	
Donna Rowe	at (775	, 329-7721 ext 2209
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	irtment of State:
■ \$35 Filing Fee	□\$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	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assec, FL 32301

Articles of Amendment Articles of Incorporation of

OBL UNLIMITED, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

ent(s) to

P1400004	0416
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amends
A. If amending name, enter the new name of the corporation	
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name must contain t
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)	3820 NW 7TH COURT
	FORT LAUDERDALE, FL 33311
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent	
(Florid	la street address)
New Registered Office Address:	Florida
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am famil	

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:		I la Da	
X Change	<u>PT</u>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
o			
6) Change	·		- -
Add			
Remove			

E. If amending or adding additional Arti	icles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
<u> </u>	- 10 10 10 10 10 10 10 10 10 10 10 10 10
	
 	
F. It an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

date this document was signed.	_, it other than the
Effective date if applicable:	
(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" (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 06/18/2014	
Signature	_
(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)	
Angela Smith	
(Typed or printed name of person signing)	_
Incorporator	_
(Title of person signing)	