P140000040485

| (Re | questor's Name) | | |
|-------------------------|-------------------|-------------|--|
| (Ad | dress) | | |
| (Ad | dress) | | |
| (Cit | y/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nan | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to | Filing Officer: | | |
| | | | |
| | | | |
| | | | |





500268714475

02/20/15--01011--002 **35.00



Amend 100/23/15

COVER LETTER

| TO: Amendment Section Division of Corpo | | | | |
|---|---|--|--|--|
| NAME OF CORPORATION: BUY2GOO INC | | | | |
| DOCUMENT NUMB | ER: P1400004048 | 55 | | |
| The enclosed Articles of | of Amendment and fee are su | bmitted for filing. | | |
| Please return all corresp | pondence concerning this ma | tter to the following: | | |
| | PATRICK MOYA | L | | |
| | | Name of Contact Person | 1 | |
| MOYAL ACCOUNTING SERVICES INC | | | | |
| Firm/ Company | | | | |
| _ | 10796 PINES BL | VD SUITE 204 | | |
| | | Address | | |
| | PEMBROKE PIN | | | |
| | City/ State and Zip Code | | | |
| NA ⁻ | THALIE@MOYAL | ACCOUNTING | .COM | |
| | | sed for future annual report | | |
| | • | | | |
| For further information | concerning this matter, pleas | se call: | | |
| PATRICK MC | YAL | at (954 | 430-3930 | |
| Name o | f Contact Person | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check for the following amount made payable to the Florida Department 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) | |
| Mall | A 3 3 | C+4 | A 3 3 | |

<u>Mailing Address</u> <u>Street Address</u>

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

| 1995年 1973 | 1980年 1997年 1

Articles of Amendment to Articles of Incorporation of



BUY2GOO INC

| (Name of Corporation as currently filed with the Flo | pride Dent of State) |
|---|---|
| P1400040485 | nia beper of state |
| (Document Number of Corporation (if | known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation: | Clorida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | The new |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Coword "chartered," "professional association," or the abbreviation "F | Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | |
| | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| * | |
| | |
| D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address: | |
| Name of New Registered Agent | |
| | |
| (Florida stre | et address) |
| New Registered Office Address: | , Florida |
| (City) | (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w | ith and accept the obligations of the position. |
| | |
| Signature of New Registered A | gent, 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 Do | <u>oe</u> | |
|----------------------------|--------------|----------|---------------|---------------------------------------|
| X Remove | <u>V</u> | Mike Jo | <u>ones</u> | |
| X Add | <u>sv</u> | Sally St | <u>mith</u> | |
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> . | <u>Addres</u> s |
| 1) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | 3, |
| 3) Change | - | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | _ | | |
| Remove | | | | |
| | | | | |
| 6) Change | | <u>.</u> | | · · · · · · · · · · · · · · · · · · · |
| Add | | | | |
| Remove | | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) |
|--|
| THE PRINCIPAL AND CURRENT MAILING ADDRESS ZIP CODE IS INCORRECT |
| THE CORRECT ZIP CODE IS 33166 (A II) |
| |
| |
| |
| |
| ` |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) |
| |
| |
| |
| |
| |
| |
| |

| The date of each amendment(date this document was signed. | s) adoption: | , if other than the |
|--|---|---------------------|
| _ | 02/12/2015 | |
| Effective date <u>in applicable</u> . | (no more than 90 days after amendment file date) | _ |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were by the shareholders was/we | e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval. | |
| | e approved by the shareholders through voting groups. The following statement d 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 | ,11 | |
| · | (voting group) | |
| The amendment(s) was/were action was not required. | e adopted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were action was not required. | e adopted by the incorporators without shareholder action and shareholder | |
| Dated_02/1 | 2/2015 | |
| sel | y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) | |
| | SIERRA AGUSTIN | |
| | (Typed or printed name of person signing) | _ |
| | PŢ | |
| | (Title of person signing) | |