P14000047988

(Re	equestor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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DIVISION OF COSMERCICA

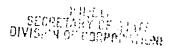
sep 30 2015 SEP 30 2015

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FH PLUS CORP.		
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	oondence concerning this ma	tter to the following:	
	RUBEN D. TORO		
-		Name of Contact Person	1
	RUBEN TORO P.A.		•
-		Firm/ Company	
	7901 KINGSPOINTE PKW	Y STE. 31	
-		Address	
	ORLANDO FL 32819		
-		City/ State and Zip Code	2
rubeno	epa@bellsouth.net		
		sed for future annual report	notification)
	`	•	,
For further information	concerning this matter, pleas	se call:	
Ruben D. Toro		at (370-6445
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of



15 CED 20 DU 0

FH PLUS INC.		13 SEP 28 PM 2:48
(Name o	f Corporation as currently filed with the F	lorida Dept. of State)
P14000047988		
	(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit Co</i>	rporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
	•	The new
	ain the word "corporation," "company," ation "Corp," "Inc," or "Co". A profession," or the abbreviation "P.A."	
B. Enter new principal office address, (Principal office address MUST BE A S		·
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address in Florida, en v registered office address:	nter the name of the
Name of New Registered Agent	HECTOR E. ARIZA	
	2101 ORINOCO DR. STE. 3	
	(Florida street address)	
New Registered Office Address:	ORLANDO	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	nanging Registered Agent: ered agent. I am familiar with and accept the	/

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>De</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sı	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
l) X Change	DPST	_	HECTOR E. ARIZA	2101 ORINOCO DR. STE. 3
Add				ORLANDO FL 32837
Remove				
2) Change	_	_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	<u></u>			
Add		_		
Remove				

f an amendment provides for an exchange, reclassification, or caucellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		(Be specific)			
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provisions for implementing the amendment if not contained in the amendment itself:					
(if not applicable, indicate N/A)					
	f an amendment provides for an excl	nange, reclassifica	tion, or cancellation	of issued shares,	
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The date of each amendment(s) a	doption:	£. 1+	_, if other than the
date this document was signed.	•	SEGRETALE DIVIS: YOU'R	COF SIAT
Effective date <u>if applicable</u> :			
	(no more than 96 days after amendment file date	e) 15 SEP 28	PM 2: 48
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing requirement partment of State's records.	its, this date will	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
■ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the am	nendment(s)	
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment		
"The number of votes case	for the amendment(s) was/were sufficient for approval		
by			
,	(voting group)		
action was not required.	opted by the board of directors without shareholder action and		
action was not required.	opted by the incorporators without shareholder action and share	eholder	
09/22/201	5 ///		
Dated			
_,			
Signature	lirector, president or other officer – if directors or officers have	not been	<u> </u>
	d, by an incorporator – if in the hands of a receiver, trustee, or		
арроії	ted fiduciary by that fiduciary)		
	Hector E. Ariza		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

1. 3. Com