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COVER LETTER

Division of Corporations				
NAME OF CORPORATION: Flip Out USA Inc.				
DOCUMENT NUMBER: + 14000060167				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Antonio J. Logiza. Name of Contact Person Flip Out USA Inc. Firm/ Company 7360 Ulmerton Rd Apt 17D				
Address				
City/ State and Zip Code				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Esther J Melendez at 727, 2897133				
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:				
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)				

TO: Amendment Section

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

Street Address

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

Articles of Amendment to Articles of Incorporation of

FILLE SECNITARY OF STATE DIVISION OF GORPLEATION

	01		15 JUL 31	PM 2: 38
Flip Out	I AZU	DC.		
(Name of Corpora	ation as currently file	d with the Florid	da Dept. of State)	
+ 1	460006	0167.		
(Doc	ument Number of Cor	poration (if know	n)	
Pursuant to the provisions of section 607,1006, Flori its Articles of Incorporation;	ida Statutes, this <i>Flori</i>	da Profit Corpor	ation adopts the follo	wing amendment(s)
A. If amending name, enter the new name of the	corporation:			
				The new
name must be distinguishable and contain the w. "Corp.," "Inc.," or Co.," or the designation "Cowword "chartered." "professional association," or the company of the compan	rp, " "Inc," or "Co".	A professional		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL				<u> </u>
C. Entan new mailing address if applicable.				, -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>			
	_			
D. If amending the registered agent and/or regist new registered agent and/or the new registere	ered office address i	n Florida, enter t	the name of the	
Name of New Registered Agent				
Hame of their riegissered rigest				
	(Florida street aa	ldress)		
Van Praistand Office (Advance		,	121	
New Registered Office Address:	(City)		, Florida	Zip Code)
New Registered Agent's Signature, if changing Re		d	tandana afaba a sate	
I hereby accept the appointment as registered agent.	i am jaminar with a	на ассері іне обі	igations of the positio	on.
Sig	nature of New Regist	ered Agent, if cha	nging	

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			
X Remove	V	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s	
1) Change	<u>VP</u>	Brent	James Grund	by 7360 ulmerton Rd. Apt	ULD
Add				Largo FL 33771	
Remove					
2) Change	42	Rodric	go Zavala	7360 Ulmerton Rd Apt	пD
<u></u> ★ Add			•	Largo Fl 33771	
Remove		\mathcal{O} \mathcal{O}	7		r N
3) Change Add	TES	Koana	go Zavala	7360 Ulmerton Rd Apr Largo Fl 33771	עוו) ו
4) Change					
Add		-			
Remove					
5) Change					
Add					
Remove					
6) Change	W-E-E-E				
Remove					

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
lf an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

• • • •	₽ H, gash
The date of each amendment(s) adoption:	<u>SEGRETAIR है OF अधिक if</u> other than DIVISIAN DE स्वयुक्त राज्याना के
date this document was signed.	Dialoga of comments
Effective date if applicable:	15 JUL 31 PH 12: 38
Effective date if applicable: (no more than 90 days a	fter amendment file date)
Note: If the date inserted in this block does not meet the applicable sta document's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	r of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vot must be separately provided for each voting group entitled to vote separately provided.	ing groups. The following statement arately on the amendment(s):
"The number of votes cast for the amendment(s) was/were suffici	ent for approval
by	
by	-79
The amendment(s) was/were adopted by the board of directors without action was not required.	shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shar action was not required.	eholder action and shareholder
Dated 06-15-2015 Signature	
(By a director, president or other officer – if d selected, by an incorporator – if in the hands of appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
L oinotal	Logiza.
(Typed or printed name of	person signing)
<u> </u>	
(Title of persor	ı signing)

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