## PHAD63509

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## **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Trepko inc DOCUMENT NUMBER: P14000063509 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Charlotte Hansen Name of Contact Person Trepko Inc Firm/ Company 5903 Johns Rd Address Tampa FL 33634 City/ State and Zip Code salesusa@trepko.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (813 ) 443 0794

Area Code & Daytime Telephone Number Charlotte Hansen Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **■\$**43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

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	į		
Trepki	Inc.			
(Name o	Corporation as current	ly filed with the Florida Dept.	. of State)	
P1400063	3509			
***	(Document Number o	of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation ad	opts the following ame	endment(s) t
A. If amending name, enter the new na	ame of the corporation:			
			The	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or 'tion," or the abbreviation	"Co". A professional corpora		
B. Enter new principal office address, (Principal office address MUST BE A S			·	<del></del>
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				9
		<del> </del>		<del>=</del> =
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			<u> </u>	
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			<u></u>	<del></del>
			<u> </u>	<del>77</del> ب
D. If amending the registered agent an	d/or registered office add	ress in Florida, enter the nam	e of the	
new registered agent and/or the new				
Name of New Registered Agent	Jesper B Hansen			
	5903 Johns Rd			
	(Florida st	reet address)		
New Registered Office Address:	Tampa	,	. Florida	
		(City)	(Zip Code)	
Name Description of Association (Company)	harataa Darka ah Aasaa	•		
New Registered Agent's Signature, if c I hereby accept the appointment as regist			s of the position.	
. 1 11				
<u></u>				
	Signature of New 1	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: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change				
Add				
Remove				<del> </del>
2) Change				
Add		-		-
Remove				
3 ) Change		_		
Add				
Remove				
_				
4) Change		-	<del></del>	
Add				
Remove				
5) Change				
Add				
Remove				
0 0				
6) Change		-	· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
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6	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	10.1.2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
	0.1.2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
10.1.201 Dated Signature		
(By	a director, president or other officer - if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	
	Charlotte Hansen	
	(Typed or printed name of person signing)	
	Treasurer	
	(Title of person signing)	