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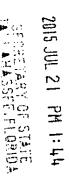
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PICK-UP	☐ WAIT	MAIL
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JUL 22 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	rion: Bisc		K GROUP INC	
DOCUMENT NUMBEI	R: <u>P1</u> L1	000065	489	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ndence concerning this mat	ter to the following:		
	MATTHEW	PT7 NICK Name of Contact Person		
	ISTSCAYNE	RTSK CROUP Firm/ Company	INC	
	·	• •	20.05	
	5571 N.) NIVERSTTY Address	DRIVE, STE 101	
	_	nes FL 3	_	
		City/ State and Zip Cod	e	
	E-mail address: (to be us	OCAYNERISK. ed for future annual report	Com notification)	
For further information co	oncerning this matter, pleas	e call:		
MATTHEW P	ITNICK.	at (917) 686 - 1815	
Name of C	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for th	ne following amount made p	payable to the Florida Depa	artment 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)	
	g Address		Address *	
	ment Section	Amendment Section		

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

Articles of Amendment to Articles of Incorporation

of

	isk						
(Name of	Corporation as	s currently file	ed with the I	Florida Dep	t. of State)	
P14000	065	489					
	(Document	Number of Cor	poration (if l	(nown)			
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	06, Florida Sta	tutes, this <i>Flor</i> e	ida Profit Co	orporation a	dopts the f	ollowing amend	ment(s) to
A. If amending name, enter the new nam	e of the corpo	ration:				₽ 9	. 'S
						Tha	
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designate word "chartered," "professional association. B. Enter new principal office address, if	ion "Corp." "I on," or the abbr	Inc," or "Co".	A professi				on Or Sir
(Principal office address MUST BE A STI		<u>22</u>)					50
C. Enter new mailing address, if applica (Mailing address MAY BE A POST Of Discourse) D. If amending the registered agent and new registered agent and/or the new	FFICE BOX) (or registered o		in Florida, e	nter the na	me of the		- - -
Name of New Registered Agent	MATT	THEW :	J. PI	TNICK			
-		140 Di (Florida street ac	NNER ddress)	KEY	DR.		
New Registered Office Address:	130G	RATON			_, Florida_	33498	_
		(City	ý			(Zip Code)	
New Registered Agent's Signature, if cha I hereby accept the appointment as register			and accept th	he obligatio	ns of the po	osition.	
	Signature	e of New Regist	tered 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> <u>John I</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones .	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	ρ_	HOWARD BROD	8012 NW 128th LANE
Add			Parkhad FL 33076
X Remove			
2) Change Add	P	MATTHEW J. PITNICK	19940 DINNER KEY DR. BOCA RATON FL 33498
Remove			<u> POCH PRIOR -</u> 00 110
3) Change			
Add			
Remove			- <u></u>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	<u></u>		
Add			
Remove			

	eets, if necessary).	(Be specific)				
				· ·		
						
-				-		

	<u> </u>					
	<u>-</u>					
f an amendment n	rovides for an evo	shange reclassifi	cation or cancel	lation of issued sh	ares	
f an amendment p	rovides for an exc lementing the am	hange, reclassificendment if not co	cation, or cancel	lation of issued sh mendment itself:	ares,	
provisions for imp	lementing the am	change, reclassificendment if not co	cation, or cancel ontained in the a	lation of issued sh mendment itself:	ares,	
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The date of each amendment(s) adoption:late this document was signed.	8/01/15	, if other than the
	8/01/15	
Effective date <u>if applicable</u> : (no i	more than 90 days after amendm	rent file date)
Note: If the date inserted in this block does not med document's effective date on the Department of State's		requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK	<u>ONE</u>)	
The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approv		st for the amendment(s)
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group		
"The number of votes cast for the amendmen	t(s) was/were sufficient for appro	oval
by	оир)	."
☐ The amendment(s) was/were adopted by the board action was not required.		action and shareholder
☐ The amendment(s) was/were adopted by the incorpaction was not required.	orators without shareholder action	on and shareholder
Dated 7 14 1		
Signature	كر	
` * · · · · · · · · · · · · · · · · · ·	or other officer – if directors or o	
selected, by an incorpora appointed fiduciary by th	tor – if in the hands of a receiver at fiduciary)	, trustee, or other court
Hauk	1) Rocol	
	d or printed name of person sign	ing)
Current	- PrusiDent	
	(Title of person signing)	