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(((H18000214087 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: CHARM CONSULTING Account Name Account Number : I20120000084 : (754)234-3393

Fax Number : (954)302-1525

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN 1608 VICTORIA CORPORATION

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#18000 21408 PARTICIPATION OF THE STATE OF T

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: 1608 VICTORIA | CORPORATION | | |
|--------------------------|---|--|--|--|
| DOCUMENT NUM | P14000087174 | | | |
| The enclosed Articles | of Amendment and fee are sub | mitted for filing. | | |
| Please return all corre | spondence concerning this matt | er to the following: | | |
| | ISABEL MARTINEZ | | | |
| | | Name of Contact Person | | |
| | CHARM CONSULTING LL | С | | |
| | | Firm/ Company | | |
| | 1825 MAIN ST | | | |
| | i | Address | · · · · · · · | |
| | WESTON FL 33332 | | | |
| | | City/ State and Zip Code | . | |
| | | | | |
| IMA | RTINEZ@CHARMREALTY. | | | |
| | E-mail address: (to be us | ed for future annual report | notification) | |
| | | | | |
| For further informati | on concerning this matter, pleas | se call: | | |
| ISABEL MARTINE | EZ | 754 | 234-3393 | |
| Name | e of Contact Person | Area Co | de & Daytime Telephone Number | |
| Enclosed is a check | for the following amount made | payable to the Florida Depa | ortment 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) | |
| | ailing Address | | Address | |
| | mendment Section | Amendment Section | | |
| Division of Corporations | | Division of Corporations Clifton Building | | |
| | O. Box 6327 allahassee, FL 32314 | | Executive Center Circle | |
| į ananaste, pr 32317 | | Tallahassec, FL 32301 | | |

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Articles of Amendment to Articles of Incorporation

211 JU 25 PN 2.

| (Name of Corporation as curi | rently filed with the Florida Dept. of State) |
|---|---|
| P14000087174 | |
| (Document Numb | per of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation: | this Florida Profit Corporation adopts the following amendment(s) t |
| A. If amending name, enter the new name of the corporation | <u>n:</u> |
| N/A | The new; |
| name must be distinguishable and contain the word "corpo." "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviat | |
| B. Enter new orlncipal office address, if applicable: | N/A |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | 3 9 |
| | |
| C. Enter new mailing address, if applicable: | N/A |
| (Mailing address MAY BE A POST OFFICE BOX) | N/A |
| | |
| | |
| | |
| D. If amending the registered agent and/or registered office | address in Florida, enter the name of the |
| new registered agent and/or the new registered office ad | dress: |
| Name of New Registered Agent | |
| Name of New Registered Agent | |
| (6) | rida street address) |
| (110) | mu tu set adaress) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan | Agent: niliar with and accept the obligations of the position. |
| Signature of | New Registered Agent, if changing |

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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 | PT | John Do | <u>oe</u> | |
|-------------------------------|--------------|----------|---------------------|------------------------|
| X Remove | ¥ | Mike Jo | nes | |
| X Add | <u>sv</u> | Sally Sr | n <u>ith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) Change | P | _ | MARSHALL, DEBORAH A | 1120 S POWERLINE ROAD |
| X Add | | | | POMPANO BEACH FL 33069 |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4)Change | | · · | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | · | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

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| If an amendment provides for an exc | change, reclassification, or cancellation of issued shares, |
| provisions for implementing the am | nendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | nendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | nendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | nendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | nendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | nendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | nendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | nendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | nendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | nendment if not contained in the amendment itself: |
| provisions for implementing the am | nendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | nendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | nendment if not contained in the amendment itself: |

| | JULY 19 2018 | 8 | |
|--|------------------------------|---|-------------------------|
| The date of each amendment(s) as | doption: | | , if other than t |
| ate this document was signed. | | | |
| ffective date if applicable: | | | |
| | (no more t | than 90 days after amendment file date) | |
| lote: If the date inserted in this becoment's effective date on the De | | applicable statutory filing requirements, this date ords. | will not be listed as a |
| doption of Amendment(s) | (CHECK ONE) |) | |
| The amendment(s) was/were add by the shareholders was/were su | | s. The number of votes cast for the amendment(s) | |
| | | ers through voting groups. The following statement led to vote separately on the amendment(s): | • |
| "The number of votes cast | for the amendment(s) wa | as/were sufficient for approval | |
| by | | | |
| · | (voting group) | | |
| The amendment(s) was/were adaction was not required. | opted by the board of din | rectors without shareholder action and shareholder | |
| action was not required. | | ors without shareholder action and shareholder | |
| Dated | 7/19/18 | | |
| Signature | 7/19/18 | | |
| (By a c | director, president or other | er officer - if directors or officers have not been | |
| selecti | ed, by an incorporator – i | if in the hands of a receiver, trustee, or other court | |
| appoi | nted fiduciary by that fidi | uciary) | |
| | ANA GABRIELA RIC | os | |
| | (Typed or p | orinted name of person signing) | |
| | VP. | | |

(Title of person signing)