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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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DIVISION OF CORPORATIONS

JUL 9 2015 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations Shaun LEE NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Shaun Lee Trader Service For further information concerning this matter, please call: at (352) 601 - 0639

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee ■S43.75 Filing Fee & ■S43.75 Filing Fee & ■\$52,50 Filing Fee

Certified Copy

enclosed)

(Additional copy is

Mailing Address

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

Certificate of Status

Street Address

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

Certificate of Status

Certified Copy (Additional Copy

is enclosed)

Articles of Amendment

10 Articles of Incorporation of FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

| The new must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "orp.," "Inc.," or "Co". A professional corporation name must contain the red "chartered." "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Cits) | Shaun Le | ee Tra | ctor | Servi | ce In | <u> 15 JUL - I</u> | PM 1: |
|--|--|----------------------|--------------|---------------------------------|-------------------------------|--|------------|
| (Pocument Number of Corporation (if known) Institutes to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) of Articles of Incorporation: If amending pame, enter the new name of the corporation: The new mine must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Orp.," "Inc." or "Co." A professional corporation name must contain the ard "chartered." "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable: (Mailing address MAY BE A FOST OFFICE BOX) If amending the registered agent and/or the new registered office address in Florida, enter the name of the new registered agent and/or the new registered office address. Name of New Registered Agent (Florida street address) New Registered Office Address: (Cas) (Cas) (Zip Code) The new minimum of the position. | \sim | | | <u>the Florida I</u> | ept, of State |) | |
| Is amending the registered agent and/or registered office address in Florida, enter the name of the new registered Agent Hamending the registered Agent | 191400 | 0009939 | 79 | | | | |
| Articles of Incorporation: If amending name, enter the new name of the corporation: The new must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "orp.," "Inc.," or "Ca", A professional corporation name must contain the ord "chartered." professional association, or the abbreviation "P.A." Enter new principal office address, if applicable: Fincipal office address MUST BE A STREET ADDRESS (Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address: Name of New Registered Agent [Florida street address] New Registered Office Address: (City) Florida (Zip Code) [Enter new prointment as registered agent. I am familiar with and accept the obligations of the position. | (Does | ument Number of | Corporation | ı (if known) | | | |
| The new must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "orp.," "Inc." or "Co.", a professional corporation name must contain the ord "chartered." "professional association," or the abbreviation "P.3." Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) The new mailing address is provided to the position. | tursuant to the provisions of section 607,1006, Flori s Articles of Incorporation: | ida Statutes, this I | Iorida Proj | lit Corporation | $m{u}$ adopts the f | ollowing amenda | nent(s) to |
| nne must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Orp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the ord "chartered." "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (Zip Code) The oppointment as registered agent. I am familiar with and accept the obligations of the position. | . If amending name, enter the new name of the | corporation: | | | | | |
| The, "or Co.," or the designation "Corp.," "Inc." or "Cor". A professional corporation name must contain the ord "chartered." "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS Enter new mailing address MUST BE A STREET ADDRESS Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 address: Name of New Registered Agent (Florida sweet address) New Registered Office Address: (City) (Zip Code) The Registered Agent's Signature, if changing Registered Agent: with and accept the obligations of the position. | | | | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (City) (City Code) The Registered Agent's Signature, if changing Registered Agent: nereby accept the oppointment as registered agent. I am familiar with and accept the obligations of the position. | "Corp.," "Inc.," or Co.," or the designation "Cor | rp," "Inc," or "C | "o" A pro | ny," or "inco fessional corp | rporated" or poration name | the abbreviation the superior t | n k |
| 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 address: Name of New Registered Agent | | | | | | | |
| 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 address: Name of New Registered Agent | | | | | | | |
| Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (City) (City) (Registered Agent's Signature, if changing Registered Agent: Description of the appointment as registered agent. I am familiar with and accept the obligations of the position. | E. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | 8 <u>0X</u>) | | | | | |
| Name of New Registered Agent (Florida street address) New Registered Office Address: (City) (City) (City) (Registered Agent's Signature, if changing Registered Agent: Description of the appointment as registered agent. I am familiar with and accept the obligations of the position. | | | | | | | |
| (Florida street address) New Registered Office Address: (City) (Zip Code) ew Registered Agent's Signature, if changing Registered Agent: nereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. | . If amending the registered agent and/or regist new registered agent and/or the new registered | ered office address: | ess in Flori | la, enter the i | name of the | | |
| New Registered Office Address: (City) (Zip Code) ew Registered Agent's Signature, if changing Registered Agent: nereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. | Name of New Registered Agent | | <u> </u> | | | | |
| (City) (Zip Code) . ew Registered Agent's Signature, if changing Registered Agent: nereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. | | (Florida stre | et address) | <u> </u> | | | |
| ew Registered Agent's Signature, if changing Registered Agent: nereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. | New Registered Office Address: | | | | , Florida | | |
| rereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. | | (| City) | | | (Zip Code) | |
| | | | ith and acce | ept the obligat | ions of the po | sition. | |
| Signature of New 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 | PT John | <u>Doe</u> | |
|----------------------------|------------------------|--------------|----------------------|
| X Remove | <u>V</u> <u>Mike</u> | lones | |
| X Add | <u>SV</u> <u>Sally</u> | <u>Smith</u> | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | President | Shaun Lee | 10321 S Parkside AVE |
| Add | | | Floral City FlA |
| Remove | | | 34436 |
| 2) Change | - A Francisco | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4)Change | +200 W T | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6)Change | | | |
| Add | | | |
| Remove | | | |

| Attach <i>addition</i> | adding additional Article al sheets, if necessary). | (Be specific) | <u>1917</u> . | | |
|------------------------|---|---|----------------------|----------------------------|---------------------------------------|
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| provisions for | nt provides for an exchai implementing the ameno licable, indicate N/A) | nge, reclassification dment if not contain | or cancellation of i | ssued sbares, t itself: | |
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| | | | | | <u></u> |
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| | | | | VI | |
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| The date of each amendment(s) ado | ption: | <u> </u> | if other than the |
|--|---|--|-------------------------|
| date this document was signed. | | SEGRETAR DIVISION OF C | OF STATE ORPORATIONS |
| Effective date <u>if applicable</u> : | | | |
| | (no more than 90 da | iys after amendment file date 15 JUL - 1 | PM 1: 10 |
| Note: If the date inserted in this blo document's effective date on the Department. | | e statutory filing requirements, this date wi | If not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | |
| The amendment(s) was/were adopt by the shareholders was/were suff | • | mber of votes cast for the amendment(s) | |
| ☐ The amendment(s) was/were appro- must be separately provided for ed | oved by the shareholders through uch voting group entitled to vote | young groups. The following statement exparately on the amendment(s): | |
| "The number of votes east fo | r the amendment(s) was/were su | ifficient for approval | |
| by | | | |
| | (voting group) | | |
| The amendment(s) was/were adopt action was not required. The amendment(s) was/were adopt action was not required. | | hout shareholder action and shareholder shareholder action and shareholder | |
| Dated 6/s | 29/15 | | |
| | | - if directors or officers have not been | |
| | by an incorporator – if in the ha d fiduciary by that fiduciary) | inds of a receiver, trustee, or other court | |
| | _ | | |
| _ | Shaun I (Typed or printed nan | owane Lee | |
| | (Typed or printed nan | ne of person signing) | |
| | Presider | + | |
| | | erson signing) | |