## P15000024243

(Re	questor's Name)			
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- (Cit	ty/State/Zip/Phone	÷#)		
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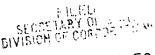
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Cell Place inc		
DOCUMENT NUMI		<u> </u>	
	of Amendment and fee are su	bmitted for filing,	
Please return all corre	spondence concerning this ma	tter to the following:	
	Carlos Villegas		
		Name of Contact Persor	1
	Cell Place Inc		
		Firm/ Company	
•	2778 N. University Dr		
	_, <u> </u>	Address	
•	Sunrise FL 33322		
		City/ State and Zip Code	
cellpl	ace2778@gmail.com		
	<del>-</del> -	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas		7027995
	of Contact Person	at (407	de & Daytime Telephone Number
	or the following amount made		,
\$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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of



15 MAY -8 PH 3: 58

(Name o	of Corporation as currently filed with th	e Florida Dept. of State)
5000024243		
	(Document Number of Corporation (	(if known)
rsuant to the provisions of section 607. Articles of Incorporation:	1006, Florida Statutes, this <i>Florida Profit</i>	Corporation adopts the following amendment(s)
If amending name, enter the new na	ame of the corporation:	
		The new
me must be distinguishable and con. 'orp.," "Inc" or Co.," or the design rd "chartered," "professional associa	nation "Corp," "Inc," or "Co". A profe	y," or "incorporated" or the abbreviation essional corporation name must contain the
Enter new principal office address, rincipal office address <u>MUST BE A S</u>		
	·	
	, <del></del>	
Enter new mailing address, if appli	icable:	
(Mailing address MAY BE A POST		
(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
<u></u>	-	
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If amending the registered agent an	nd/or registered office address in Florids	a, enter the name of the
	nd/or registered office address in Florids w registered office address:	a, enter the name of the
If amending the registered agent an	nd/or registered office address in Florids	a, enter the name of the
If amending the registered agent an new registered agent and/or the new	nd/or registered office address in Florids w registered office address:	a, enter the name of the
If amending the registered agent an new registered agent and/or the new	ad/or registered office address in Florids w registered office address: Carlos Villegas	a, enter the name of the
If amending the registered agent an new registered agent and/or the new	nd/or registered office address in Florida w registered office address: Carlos Villegas 2778 N. University Dr	a, enter the name of the , Florida 33322

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>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	P		Carlos Villegas	2778 N. University Dr
Add				Sunrise FL 33322
Remove				
. 2) Change		_		
Add				
Remove				
3 ) Change				
Add				
Remove				
4) Change		_		
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

mending or adding additional Arti ich additional sheets, if necessary).	(Be specific)				
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amendment provides for an exch	ange, reclassificati	<u>ion, or cancellati</u>	on of issued sh	<u>ares,</u>	
visions for implementing the ame	nament 11 not cont	ained in the ame	nament itseit:		
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(if not applicable, indicate N/A)					
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•	05/06/15	Land the first the state of the
The date of each amendment(s) adoptic	on:	SECTION CONFORM than the
date this document was signed.		DIVISION 3:58
Effective date if applicable:		15 MAY -8 PM 3: 58
Enterive date in appareasie.	(no more than 90 days after amenda	nent file date)
Note: If the date inserted in this block document's effective date on the Departm		requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cant for approval.	st for the amendment(s)
	by the shareholders through voting groups. voting group entitled to vote separately on to	
	e amendment(s) was/were sufficient for appr	oval
by	(voting group)	,"
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder by the incorporators without shareholder acti	
action was not required.	by the meetperators without sharehelder den	
05/06/15 Dated	Svy	
(By a director selected, by	or, president or other officer – if directors or of an incorporator – if in the hands of a receive duciary by that fiduciary)	
Carlo	os Villegas	
	(Typed or printed name of person sign	ing)
Pres	ident	
	(Title of person signing)	