## P1500025899

(Re	equestor's Name)	
(Ac	idress)	_
(Ac	ddress)	<del></del>
(Ci	ty/State/Zip/Phone	<del>e #)</del>
`		•
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(De	ocument Number)	
,5,	304111011111111111111111111111111111111	
Confidence of the	0-4:5	of Chab
Certified Copies	Certificates	of Status
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C. GOLDEN JUL 2 4 2017

## COVER LETTER

TO: Amendment Section

Division of Corp	oorations				
NAME OF CORPO	RATION: Axi 5	label Inc.			
DOCUMENT NUM	ration: <u>Axi 5</u> ber: <u>P15000</u>	025899			
The enclosed Articles	of Amendment and fee are su	hmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Brenton	FRANKLIN			
		Name of Contact Perso	on		
	Axis	FRANKLIN Name of Contact Person LABEL Inc. Firm/ Company Name of Contact Person Address			
	Δ	Firm/ Company			
	P.O. 6	0x (107			
		Address			
	Hilliard	FL 32046 City/ State and Zip Cod			
	<b>—</b>	City/ State and Zip Cod	de		
	Axis mana	gement e I c	loud.com		
	E-mail address: (to be us	sed for future annual repor	t notification)		
For further information	on concerning this matter, pleas	se call:			
Brenton	FRANKIN	31, 904	ode & Daytime Telephone Number		
Name	of Contact Person	Area C	ode & Daytime Telephone Number		
Enclosed is a check for	or the following amount made				
🕱 \$35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee &			
	Certificate of Status	Certified Copy (Additional copy is	Certificate of Status Certified Copy		
		enclosed)	(Additional Copy		
			is enclosed)		
Ma	illing Address	ç	t Addrasc		
Mailing Address  Amendment Section			Street Address Amendment Section		
Div	vision of Corporations	i i	on of Corporations		
	), Box 6327	Clifton Building			
Tallahassee, FL 32314		i.	Executive Center Circle		
		l alla)	nassee, FL 32301		



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 5, 2017

BRENTON FRANKLIN POST OFFICE BOX 1107 HILLIARD, FL 32046

SUBJECT: AXIS LABEL INC Ref. Number: P15000025899

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You may check only one (1) box for the adoption of amendment.

DENE 7/15/17

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 517A00013563

www.sunbiz.org

## Articles of Amendment to Articles of Incorporation of

FILED

Axis L	abel Inc			2017 JUL	19 AM 10:28
(Name of C	orporation as cu	rrently filed wit	h the Florida De	pt. of State)	
	150000 25	5899		SECT. 1	uf 31/11£ SSEE, FLORID/
	(Document Num	sber of Corporati	on (if known)	3	
Pursuant to the provisions of section 607,100 its Articles of Incorporation;	96, Florida Statutes	s, this <i>Florida Pi</i>	ofit Corporation	adopts the following a	mendment(s) to
A. If amending name, enter the new name	of the corporation	<u>on:</u>			
N/A					
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association.  B. Enter new principal office address, if a (Principal office address MUST BE A STR).  C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OF).	on "Corp," "Inc,", or the abbrevial pplicable: EET ADDRESS.)	" or "Co".   A p	rofessional corpo	•	
D. If amending the registered agent and/o new registered agent and/or the new re			rida, enter the na	ame of the	
Name of New Registered Agent	NA		·		
_	(Flor	rida street address	<del></del>		
	NlA	indication of the same of the	,		
New Registered Office Address:	1 1 1 1 4 4	(City)		, Florida	<del></del>
		(Cuy)		(Zip Coa	'e)
New Registered Agent's Signature, if chan					
I hereby accept the appointment as registered	d agent. I am fan	iiliar with an <b>d</b> ai	cept the obligation	ons of the position.	
N	·	New Revistered	Agent, if changing	,	

P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	, if neces rector tit Presiden = Chief er, Direct I in the fo wes the c	sary) the by the first letter of the office title: the by the first letter of the office title: the treasurer; S= Secretary; D= Director; The Financial Officer. If an officer/director holds m tor would be PTD. ollowing manner. Currently John Doe is listed as	R= Trustee; C = Chairman or Clerk; CEO = Chief ore than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is test should be noted as John Doe, PT as a Change,
E <b>xample:</b> <u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action Check One)	<u>Title</u>	Name	Address
) Change		Michael C. Franklin	P.O. Box 1107
_ <b></b> Add			Hilliard, FL 32046
Remove			
2) Change		NA	
Add			
Remove			
3) Change		Ala	
Add			
Remove			
4) Change		NK	
Add			
Remove			
5) Change		N/A	<u> </u>
Add			
Remove			
f) Change		_ N/A	
Add			
Remove			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

If amending or adding additional Articles, enter change(s) her	<u>re</u> :
(Attach additional sheets, if necessary). (Be specific)	
_N A	
If an amendment provides for an exchange, reclassification, or provisions for implementing the amendment if not contained	or cancellation of issued shares, in the amendment itself:
(if not applicable, indicate N/A)	
NA	
	i i

The date of each amendment(s) adoption: _	June	22.	2017	, if other than the
date this document was signed.	<del></del>			<del></del>
Effective date if applicable:				
	(no more ti	han 90 days	after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of			atutory filing requirement	s, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)			
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		. The number	of votes east for the ame	endment(s)
☐ The amendment(s) was/were approved by t must be separately provided for each votin				
"The number of votes east for the ame	endment(s) wa	s/were suffic	cient for approval	
by	oting group)		."	
☐ The amendment(s) was/were adopted by the action was not required.	e board of dire	ectors withou	sharcholder action and sl	hareholder
The amendment(s) was/were adopted by the action was not required.	incorporator	s without sha	reholder action and sharel	nolder
Dated June 22 Signature	2017 e/4 £	L_		
(By a director, pre			directors or officers have a	
selected, by an inc appointed fiducial			of a receiver, trustee, or o	other court
Tr		•		
			FRANKLIN f person signing)	
	•		r person signing)	
	Preside			
	(*	Title of perso	on signing)	