

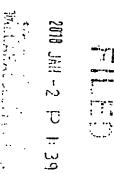
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: CHAIR-O-MATIC	INC.	
DOCUMENT NUMB			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Louis Jean. Fevens		
-		Name of Contact Persor	I
	CHAIR-O-MATIC INC.		
•		Firm/ Company	.
	2750 NW 56th Ave Apt f 50	l	
•		Address	
	Lauderhill, FL, 33313		
•		City/ State and Zip Code	2
flouis	jean@gmail.com		
	· -	sed for future annual report	notification)
			,
For further information	concerning this matter, pleas	se call:	
Louis Jean, Fevens		at (218-6868
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment 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)
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ussee, FL 32301

Articles of Amendment to Articles of Incorporation of

CHAIR-O-MATIC INC. (Name of Corporation as currently filed with the Florida Dept. of State) P15000038167 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: VISIONARY ENTERPRISE SOLUTION INC. name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co., " or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 address: Louis Jean, Fevens Name of New Registered Agent 2750 NW 56th Ave Apt f 501 (Florida street address) Lauderhill New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Louis Jean Fevens
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)

Pléase 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	nes	
X Add	<u>sv</u>	Sally Sn	nit <u>h</u>	
Type of Action (Check One)	Title		Name	Address
l) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
51 Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)			
 				
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48.				
	 			
	<u> </u>			
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<u> </u>				
If an amendment provides for an excl	nange, reclassificat	ion, or cancellation	n of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not cont	ained in the amen	dment itself:	
(y no, apprende, marciae (m))				
	 			
				
			·	
			····	

The date of each amendment(s) as date this document was signed.	option: if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bedocument's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) licient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
12/18/17 Dated	
Signature	Sylvain Louis Jean rector, president or other officer - if directors or officers have not been
selecte	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that tiduciary)
	Louis Jean, Sylvain
	(Typed or printed name of person signing)
	President
	(Title of person signing)