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To:

Division of Corporations

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From:

Account Name : TIMELINE BUSINESS CENTER LLC

Account Number : 120150000034 Phone

: (239)344-7417

Fax Number

(888)344-7262

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

Email Address: a marantenui malia a hotmail.

COR AMND/RESTATE/CORRECT OR O/D RESIGN SPRAYER TECHNOLOGIES CORP.

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S. YOUNG

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COVER LETTER

TO:	O: Amendment Section			
	Division of Corporations			

NAME OF CORPORATION: SPRA	AYER TECHNOLOGIES CORP.		
DOCUMENT NUMBER: P150000	41805		
The enclosed Articles of Amendment a	nd fee are submitted for filing.		
Please return all correspondence concer	rning this matter to the following:		
ISMAEL CARD	OSO		
	Name of Contact Person		
TIMELINE BUS	SINESS CENTER I.LC		
	Firm/ Company		
8981 DANIELS	CENTER OR SUITE 208		
	Address		
FORT MYERS, FL 33912			
	City/ State and Zip Code		
maria@timelinebusine	ss.com		
E-mail addr	ess: (to be used for future annual report notification)		
For further information concerning this ISMAEL CARDOSO	matter, please call;at (
Name of Contact Person			
	mount made payable to the Florida Department of State:		
\$35 Filing Fee	ling Fee & S43.75 Filing Fee & S52.50 Filing Fee e of Status (Additional copy is enclosed) Certified Copy (Additional Copy is cnclosed)		
Mailing Address Amendment Section Division of Corporati P.O. Box 6327 Tallahassec, F1. 3231	Clifton Building		

(((H18000333014 3)))
Articles of Amendment

to

Articles of Incorporation of

SPRAYER TECHNOLOGIES CORP.		
(Name of Corporation as curren	itly filed with the Florida Dept. of Sta	te)
P15000041805		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts th	e following amendment(s) to
A. If amending name, enter the new name of the corporation:		
BAY HARDSCAPES CORP		The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation no	
B. Enter new principal office address, if applicable:	11416 DONNEYMOOR DR	76.00
(Principal office address MUST BE A STREET ADDRESS)	RIVERVIEW, FL 33569	三 五
		LE 20
C. Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE ROX)	11416 DONNEYMOOR DR	一点 美口
	RIVERVIEW, FL 33569	20 NIDA
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre		<u> </u>
(Florida	street address)	
New Registered Office Address:		
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age. I hereby accept the appointment as registered agent. I am familia		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.

X Change	<u>PT</u>	<u> John Doc</u>	
X Remove	¥	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Tiţle</u>	Name	Address
1) Change	D	MARIA LUISA A. DE ANDRADE	11416 DONNEYMOOR DR
X Add		·	RIVERVIEW, FL 33569
Кетюче		•	
2) X Change	PD	NORMELIA AMARANTE	11416 DONNEYMOOR DR
Add			RIVERVIEW, FL 33569
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<u></u>
5) Change			
Add			
Remove			
o Change	<u>-</u> _		
Add			
Remove			

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Attach additional sheets, if necessary).	cles, enter change(s) (Be specific)			
				
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f an amendment provides for an exch	ange, reclassification	n, or cancellation of is	sned shares.	
provisions for implementing the ame	ndment if not contai	ned in the amendment	itself:	
(if not applicable, indicate N/A)			·	
4 3 A.T				
A tree of Learning transfers true				
				~ ~~

ige / Or /	2016-11-20 10 37 32 (GMT)	18883447262 From Ismael
	(((H180003330143)))	
The date of each amendment(s) date this document was signed.	11/20/2018 adoption:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment fi	le date)
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requi Department of State's records.	irements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for t sufficient for approval.	the amendment(s)
☐ The entendment(s) was/were a mus: be separately provided for	pproved by the shareholders through voting groups. The for or each voting group entitled to vote separately on the amo	ollowing statement enament(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action	n and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and	l sharebolder
Dated	in fair	
scice	director, president or other officer - if directors or officers and, by an incorporator - if in the hands of a receiver, trusted fiduciary by that fiduciary)	s have not been ee, or other court
	NORMELIA AMARANTE	
	(Typed or printed name of person signing)	The state of the s
	PRESIDENT	·
	(Title of person signing)	