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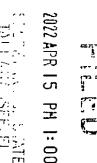
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Spot On Creative (Concepts Inc.	
DOCUMENT NUMBI			
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
S	Stacy Sethman		
_	• • • •	Name of Contact Person	1
S	spot On Creative Concepts In	nc.	
_	<u> </u>	Firm/ Company	
1	1140 Lakeaire Circle	· ····································	
-		Address	
F	Boca Raton, FL 33498		
-		City/ State and Zip Code	c
s	tacy.spoton@gmail.com		
_		sed for future annual report	notification)
	,	•	,
For further information	concerning this matter, pleas	se call:	
Stacy Sethman		at (561	715-9587
Name of	Contact Person	Area Co	715-9587 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depo	artment of State:
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divisi P.O. I	ng Address diment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation of

2022 APR 15 PM 1:00

Spot On Creative Concepts Inc.	SAUR : LIVE STATE
(Name of Corporation as curren	tly filed with the Florida Dept. of State) 17.00 E.F.F.
15000062571	
(Document Number	of Corporation (if known)
ursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(
. If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co". chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Muling unders)	
If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address.	
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	Florida
Hen regulated office mareys.	(City) (Zip Code)
	(cay) (ray code)
lew Registered Agent's Signature, if changing Registered Agen hereby accept the appointment as registered agent. I am familian	
Sivnature of New	Registered Agent, if changing
Signalare of New	g rigerii y simigii o
neck if applicable	

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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: John Doc X Change <u>PT</u> <u>v</u> X Remove Mike Jones X Add <u>SV</u> Sally Smith <u>Addres</u>s Type of Action Title <u>Name</u> (Check One) 11140 Lakeaire Circle Stacy Sethman 1) X Change Boca Raton, FL 33498 Add Remove John Sethman 11140 Lakeaire Circle 2) ____ Change Boca Raton, FL 33498 Х Add Remove Sawyer Sethman 11140 Lakeaire Circle ___ Change Boca Raton, FL 33498 Add ____ Remove **Ouinn Sethman** 11140 Lakeaire Circle 4) ____ Change Boca Raton, FL 33498 Add ____ Remove 5) ____ Change Add Remove 6) ____ Change ____ Add Remove

Attach additional sheets, if necessary).	(Be specific)
	
	<u> </u>
if an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
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provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s	s) adoption:, if	other than the
date this document was signed.		
Effective date if applicable:	April 6, 2022	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	e listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and sharel	holder
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) the sufficient for approval.	
• •	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
April 6,	2022	
Dated		
Signature		
	a director, president or other officer - if directors or officers have not been	
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court	
арр	ointed fiduciary by that fiduciary)	
	Stacy Sethman	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	