## PISODON

| (Re                     | equestor's Name)   |             |
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| . (Ad                   | dress)             |             |
| (Ad                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | <b>⇒</b> #) |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nan | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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JUL 07 2017 S. YOUNG 17 JUN 28 PN 4: 29
SECRITANY OF STATE
AALLAHASSEE, FLORIDA

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO          | DRATION: XTRART, INC  |  |  |
|------------------------|---|--|--|
| DOCUMENT NUM           | D15000070057  |  |  |
| The enclosed Article   | es of Amendment and fee are su  | bmitted for filing.  |  |
| Please return all corr | respondence concerning this ma  | tter to the following:   |  |
|                        | BRUNEL FREDERIQUE   |  |  |
|                        |   | Name of Contact Person   | 1  |
|                        | XTRART, INC   |  |  |
|                        |   | Firm/ Company  |  |
|                        | 6289 W SUNRISE BLVD. S  | UITE 115   |  |
|                        |   | Address  |  |
|                        | SUNRISE, FL 33313   |  |  |
|                        |   | City/ State and Zip Code   | 3  |
| BR                     | UNELFREDERIQUE64@GM/  | AIL.COM  |  |
| <u></u> .              | E-mail address: (to be us   | sed for future annual report                                       | notification)  |
|                        | ,   | •  |  |
| For further informati  | on concerning this matter, pleas                                      | se call:   |  |
| BRUNEL FREDERIQUE      |   | at (_954   | 892-3168   |
| Name of Contact Person |   | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check    | for the following amount made   | payable to the Florida Depa  | urtment 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) |
| Ar<br>Di<br>P.         | ailing Address  mendment Section  vision of Corporations  O. Box 6327 | Amend<br>Divisio<br>Clifton  | Address Iment Section on of Corporations Building yeartive Center Circle               |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| 1500000057  | rrently filed with the Florida Dept. of State)  |
|---|---|
| (Document Num   | nber of Corporation (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:   | s, this Florida Profit Corporation adopts the following amendment(s) to   |
| A. If amending name, enter the new name of the corporation  | on:   |
| XPRINT. INC   | The new   |
| name must be distinguishable and contain the word "corpe" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevia | oration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ation "P.A." |
| B. Enter new principal office address, if applicable:   | 6289 W SUNRISE BLVD. SUITE 115  |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )   | SUNRISE, FL 33313   |
|   |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 6289 W SUNRISE BLVD. SUITE 115  |
|   | SUNRISE, FL 33313   |
|   | •   |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad   |   |
| Name of New Registered Agent  |   |
| (Flor   | ida street address)   |
| New Registered Office Address:  | (City) , Florida , T  |
|   |   |
| New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam  |   |
| Signature of l  | 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)

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: XChange              | <u>PT</u>    | John Doe    |                                       |                 |
|-------------------------------|--------------|-------------|---------------------------------------|-----------------|
| X Remove                      | <u>v</u>     | Mike Jones  |                                       |                 |
| X Add                         | <u>sv</u>    | Sally Smith |                                       |                 |
| Type of Action<br>(Check One) | <u>Title</u> | <u>Name</u> | •                                     | <u>Addres</u> s |
| 1) Change                     |              |             |                                       |                 |
| Add                           |              |             |                                       |                 |
| Remove                        |              |             |                                       | ·               |
| 2) Change                     |              |             |                                       |                 |
| Add                           |              |             | , , , , , , , , , , , , , , , , , , , |                 |
| Remove                        |              |             |                                       |                 |
| 3 ) Change                    |              |             |                                       |                 |
| Add                           |              |             |                                       |                 |
| Remove                        |              |             |                                       |                 |
| A) G1                         |              |             |                                       |                 |
| 4) Change                     | *            |             |                                       |                 |
| Add                           |              |             |                                       |                 |
| Remove                        |              |             |                                       |                 |
| 5) Change                     |              | -           | <del></del>                           |                 |
| Add                           |              |             |                                       |                 |
| Remove                        |              |             |                                       |                 |
| 6) Change                     |              |             |                                       |                 |
| Add                           |              |             |                                       |                 |
| Remove                        |              |             |                                       |                 |

| tach additional shee                      | ets, if necessary), | (Be specific)    |                   |                    |          |              |
|---|---------------------|------------------|-------------------|--------------------|----------|--------------|
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| an amendment pro                          | vides for an eych   | nango reclassifi | cation or cancel  | lation of issued s | hares.   |              |
| rovisions for imple<br>(if not applicable | ementing the ame    | ndment if not c  | ontained in the a | mendment itself    | :        |              |
| (у погаррисани                            | s, maicule WA)      |                  |                   |                    |          |              |
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|   |                     |                  |                   |                    |          |              |
|   |                     | •                |                   |                    |          |              |

| The date of each amendment(s) adate this document was signed.                | adoption:,  | if other than the  |
|--|---|--------------------|
| 5  | ·   |                    |
| Effective date <u>if applicable</u> :  | (no more than 90 days after amendment file date)  |                    |
| <b>Note:</b> If the date inserted in this document's effective date on the E | block does not meet the applicable statutory filing requirements, this date will no Department of State's records.  | t be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )  |                    |
| ☐ The amendment(s) was/were ac<br>by the shareholders was/were s             | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.  |                    |
| ☐ The amendment(s) was/were apmust be separately provided for                | oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):  |                    |
| "The number of votes cas   | at for the amendment(s) was/were sufficient for approval  |                    |
| by   |   |                    |
|  | (voting group)  |                    |
| ☐ The amendment(s) was/were adaction was not required.                       | lopted by the board of directors without shareholder action and shareholder   |                    |
| The amendment(s) was/were ad action was not required.                        | lopted by the incorporators without shareholder action and shareholder  |                    |
| 06/20/201<br>Dated   | 7   |                    |
| Signature  | - Krub  |                    |
| selecte  | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary) |                    |
|  | BRUNEL FREDERIQUE   |                    |
|  | (Typed or printed name of person signing)   |                    |
|  | PRESIDENT   |                    |
| •  | (Title of person signing)   |                    |