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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORP	ORATION: STONE CLAIMS	GROUP, INC.			
DOCUMENT NU	D15000000000				
The enclosed Artice	les of Amendment and fee are su	bmitted for filing.			
Please return all co	rrespondence concerning this ma	tter to the following:			
	JON MARSHALL ODEN. E	SQ.			
		Name of Contact Perso	n		
	WILLIS ODEN, PL				
		Firm/ Company			
	2121 S. HIAWASSEE RD. S	UITE 116			
		Address			
	ORLANDO, FL 32835				
		City/ State and Zip Cod	le		
	JODEN@WILLISODEN.COM				
	E-mail address: (to be us	sed for future annual report	t notification)		
For further informa	tion concerning this matter, pleas	se call:			
JON MARSHALL	ODEN, ESQ.	at (407	903-9939		
Name of Contact Person		Area Co	ode & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Dep	partment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
7 D P	Mailing Address Amendment Section Division of Corporations O. Box 6327 Callahassec, FL 32314	Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

Articles of Amendment to Articles of Incorporation of

STONE CLAIMS GROUP, INC.

(Name	of Corporation as currently	r filed with the Florida Dept	t. of State)
P15000082972			,
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this I	Florida Profit Corporation ac	lopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The-new
name must be distinguishable and contain "Inc," or Co.," or the designation "Catartered," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated" professional corporation n	or the abbreviation "Corp.," ame must contain the growd
B. Enter new principal office address,	if applicable:		L)
(Principal office address MUST BE A S		-	
			. 8
C. Enter new mailing address, if appl (Mailing address MAY BE A POST			
(Maining 4447-655 (Maining 4447-655)	OTTICE DOM		
			
D. If amending the registered agent an new registered agent and/or the ne			ne of the
Name of New Registered Agent	WILLIS & ODEN, PL	·	
	2121 S. HIAWASSEE RD.	SUITE 116	
	(Florida stre	eet address)	
New Registered Office Address:	ORLANDO		, Florida
New Registered Office Address:		(City)	(Zip Code)
New Registered Agent's Signature, if o			
I hereby accept the appointment as regis.	tered agent. I am familiar w	vith and accept the obligation	s of the position.
	>	0	
<i></i>	Tax		
- (Signature of New Re	egistered Agent, if changing	
	FUN UDAN, ES	egistered Agent, if changing	
Check if applicable The amendment(s) is/are being filed p			
in the amenoment(s) is are being then p	urauani io a. 907.0120 (11) (ω _β , τ.ω.	

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>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change	-			
Add				
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4) Change		_		
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5) Change		_		
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6) Change				
Add				
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
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	lock does not meet the applicable statutory filing requestrement of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors withou	ut shareholder action and shareholder
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for approval.	or the amendment(s)
	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	
"The number of votes cast	for the amendment(s) was/were sufficient for approva	1
by		,
	(voting group)	
Dated1	-9-2020	
Signature	na Jyn Stone	
(By a d selecte	irector, president or other officer – if directors or offic d, by an incorporator – if in the hands of a receiver, tru ted fiduciary by that fiduciary)	
	TARA L. STONE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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