

### Florida Department of State

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**Articles of Amendment** to Articles of Incorporation 16 JAN 15 AM 10: 05

A. If amending name, enter the new name of the corporation:  The new 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 BEASTREET ADDRESS)  WEST PALM BEACH, FL 33415  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  WEST PALM BEACH, FL 33415  D. If amending the registered agent and/or registered office address in Florida, enter the name of the	P15000097863  (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) its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  The new 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)  WEST PALM BEACH, FL 33415  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  WEST PALM BEACH, FL 33415	IPS FORCE, INC.		
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New Registered Office Address: WEST PALM BEACH , Florida , Florida	(City) (Zip Code)	New Registered Office Address:	WEST PALM BEACH	Florida 33415
(City) (Zip Code)				(City) (Zip Code)
		New Registered Agent's Signature, if c I hereby accept the appointment as registered.	hanging Registered Agent tered agent. I am familiar	$rac{1}{2}$ with and accept the obligations of the position.
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.	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.			
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Name of New Registered Agent  4915 SOUTHERN BLVD SUITE A  (Florida street address)  New Registered Office Address:  WEST PALM BEACH  Florida  33415		new registered agent and/or the new Name of New Registered Agent  New Registered Office Address:  New Registered Agent's Signature, if c	4915 SOUTHERN BLVD (Florida str WEST PALM BEACH  thanging Registered Agent tered agent. I am familiar to	SUITE A  rees address) , Florida 33415  (City) (Zip Code)

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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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>				
X Remove	¥	Mike Jos	nes				
X Add	<u>sv</u>	Sally Sm	<u>oith</u>				
Type of Action (Check One)	Title		<u>Name</u>			<u>Addres</u> s	
1) Change						<del></del>	
Add							
Remove							
2) Change		_					
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3) Change		_					
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an amendm	ent provides for an exc	change, reclassific	ation, or cancellat	ion of issued share:	<u>5,</u>
if not ar	r implementing the amplicable, indicate N/A)	tenament it not co	ntained in the ame	enament itseit:	
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01/15/2016 09:27 FAX 5614780567 DALIA ACCOUNTING SVC FILED SCC157/17/19/19/19/19/19/19/19/19/19/19/19/19/19/
The date of each amendment(s) adoption:
Effective date if applicable:  (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
1/15/16
Signature X/1/10
(By a director, president or other officer — if directors or officers have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
ALBERTO DE LA PAZ
(Typed or printed name of person signing)
PRESIDENT

(Title of person signing)