P15000098258

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SECRETARY OF STATE
JUMISION OF CORPORATIONS

SEP 1 0 2016 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Baypoint 1 Co	orp	
DOCUMENT NUMBER: P15000098258		
The enclosed Articles of Amendment and fee a	are submitted for filing.	
Please return all correspondence concerning thi	is matter to the following:	
Pedro Alfaya		
<u></u>	Name of Contact Person	1
· <u> </u>	F: /0	
PO Box 1381	Firm/ Company	
<u> </u>	Address	
Bradenton, FL 34206		
	City/ State and Zip Cod	e
palfaya@gmail.com		
E-mail address: (to	be used for future annual report	notification)
For further information concerning this matter,	please call:	
Pedro Alfaya	at (³²¹	362-9977
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Depa	artment of State:
\$35 Filing Fee \$35 Filing Fee Certificate of State		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Division Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SECRETARY OF STATE DIVISION OF CORFORATIONS

Baypoint 1 Corp

2016 AUG 29 PM 12: 58

(Name of Co	poration as curren	tly filed with the Florida Dept. of State)
P15000098258		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name o	f the corporation:	•
P Squared Pro Inc		The new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		NA
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		NA
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office ad stered office addre	dress in Florida, enter the name of the ss:
Name of New Registered Agent	NA	
	(Florida s	street address)
New Registered Office Address:	NA	, Florida
	,	(City) (Zip Code)
New Registered Agent's Signature, if changi	ng Registered Ager	nt:
I hereby accept the appointment as registered of	agent. I am familia	with and accept the obligations of the position.
	Signature of 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 <math>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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change		<u> </u>	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
, Add			
Remove			

<mark>f amending or adding additional Arti</mark> Attach <i>additional sheets, if necessary)</i> .	(Be specific)
-	į
	<u>u a</u>
A Company of the Comp	

f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment it not contained in the amendment usen.
()	
	NA

The date of each amendment(s) adoption:		if other than the
date this document was signed.	,	r il i SECRETARY	OF STAD
Effective date if applicable:		DIVISION OF CO	RPORATION
	(no more than 90 days after amendment file date)	2016 AUG 29	PM 12: 58
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, Department of State's records.	this date will no	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amen e sufficient for approval.	dment(s)	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	statement (s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval		
by			
	(voting group)		
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and sha	reholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareho	lder	
8/24/20 Dated	16		
Signature	payage		
sele	a director, president or other officer – if directors or officers have no cted, by an incorporator – if in the hands of a receiver, trustee, or oth ointed fiduciary by that fiduciary)		
	Pedro P Alfaya		
	(Typed or printed name of person signing)		<u></u>
	President		
	(Title of person signing)		