## P16000001909

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## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORAT	OST8 Corp.		
DOCUMENT NUMBER	P16000001909		
The enclosed Articles of A	Amendment and fee are su	bmitted for filing.	
Please return all correspon	ndence concerning this ma	tter to the following:	
RU	SSELL B. ADLER		
		Name of Contact Person	n
LA	W OFFICE OF RUSSELI	L B. ADLER, PA	
		Firm/ Company	
888	31 N LAKE DASHA DRI	VE	
_		Address	
PL	ANTATION FL 33324		
_		City/ State and Zip Cod	e
RUSS7@	AOL.COM		
		sed for future annual report	notification)
For further information co	ncerning this matter, pleas	se call:	
RUSSELL B. ADLER		954 at (	848-1480
Name of C	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment 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)
Amendi Division P.O. Bo	e Address ment Section of Corporations ox 6327 ssee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

OST8 Corp.		
(Name of Corporation as curren	tly filed with the Florida Dept.	of State)
P16000001909		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
UPTS Inc.		r-The new
name must be distinguishable and contain the word "corporat" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporati "P.A."	ated" or the abbreviation
B. Enter new principal office address, if applicable:	888 Biscayne Blvd.	S 20 CU
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	#4103	
	Miami, Florida 33132	32. 33
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	888 Biscayne Blvd.	
	#4103	
	Miami, Florida 33132	
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addresses		of the
Name of New Registered Agent		<u>,,</u>
(Florida	street address)	
New Registered Office Address:	.1	Florida
Ton stagemental office rate and	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		of the position.
т негеоу ассерт те арролитет <b>из гез</b> імегей адет. Та <b>т за</b> тий	r min unu uccept the obligations (	oj ini posinon.

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 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>oc</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change				
Add				
Remove				
2) Change		_		
Add		<del>-</del>		
Remove				
3) Change				
Add		_		
Remove				
Kemove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date <u>if applicable</u> :	
(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 document's effective date on the Department of State's records.	will not be listed as the
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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	it.
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(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.	
Dated 5/20/16	
Signature	
(By a director, president of the 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)	
RUSSELL ADLER	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)