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SEUSETARY OF STATE
TAIL AHASSET FLORIDA

JUN 0 6 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ASOBI, INC.						
(Name of Corpo	ration as currently	filed with the Florida I	Dept. of State)			
82850000019						_
	ocument Number of C	Corporation (if known)				
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this Fa	lorida Profit Corporatio	n adopts the follo	wing amen	dment	(s) to
A. If amending name, enter the new name of the	ne corporation:			F in	2	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "C the abbreviation "P	o". A professional cor	orporated" or th poration name m	e abbrevia ust contain		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.)			1080X	12: 20	ţ	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u>)				_ _ _	
D. If amending the registered agent and/or reg new registered agent and/or the new register		ss in Florida, enter the	name of the			
Name of New Registered Agent						
-	(Florida stree	et address)		—		
New Registered Office Address:			. Florida			
New Registered Office Address.	(0	City)	,	Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	Registered Agent: ent. I am familiar wi	ith and accept the obliga	tions of the positi	on.		
	Signature of New Re-	gistered Agent, if changi	ing			

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add	-		
Remove			
S) Channe			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. <u>If amending</u>	z or adding ad	Iditional Artic	les, enter	change(s) here:				
		f necessary).			A 1	1		
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. If an amend	ment provide	s for an exchai	nge, recis	ssification, or ca	ncellation of	issued shares		
<u>provisions</u> (<u>for implement</u>	ting the amend	iment if n	ot contained in t	he amendm <u>e</u>	nt itself:		
(if not a	applicable, ind	icate N/A)						
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The date of each amendment(s) ado date this document was signed.	ption:	, if other than the
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Department.	ock does not meet the applicable statutory filing requirements, this cartment of State's records.	tate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment icient for approval.	(s)
☐ The amendment(s) was/were appromust be separately provided for each	oved by the shareholders through voting groups. The following staten ach voting group entitled to vote separately on the amendment(s):	nent .
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	,	
	(voting group)	
action was not required.	ted by the board of directors without shareholder action and shareholder ed by the incorporators without shareholder action and shareholder	ler
Dated OS-V	And My	
	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver trustee, or other cou	
	by all incorporator – in the hands of a receiver trustee, or other could fiduciary by that fiduciary)	ırı
	JOBC M. FX ON	
_	(Typed or printed name of person signing)	
_	incorputator and President (Title of person signing)	

COVER LETTER

Division of Corporations NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company Address E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$2.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy

enclosed)

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(Additional Copy is enclosed)