| (Re | questor's Name) | |
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| PICK-UP | WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | 1 |
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Office Use Only



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C LEWIS

COVER LETTER

| O: Amendment Section Division of Corporations | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| NAME OF CORPORATION: WEIRD FACTORY INC. DOCUMENT NUMBER: P16000014288 | | | | | |
| OCUMENT NUMBER: 1 1000019 200 | | | | | |
| he enclosed Articles of Amendment and fee are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| Name of Contact Person WEIRD FACTORY INC Firm/ Company | | | | | |
| WEIRD FACTORY INC | | | | | |
| Firm/ Company | | | | | |
| 6951 LUCLA ST | | | | | |
| Address | | | | | |
| 6951 LUCLA ST. Address ORLANDO FL. 32819 City/ State and Zip Code | | | | | |
| City/ State and Zip Code | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| or further information concerning this matter, please call: | | | | | |
| Name of Contact Person at (401) 289 - 7652 Area Code & Daytime Telephone Number | | | | | |
| 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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) | | | | | |
| Mailing Address Street Address | | | | | |
| Amendment Section Amendment Section | | | | | |
| Division of Corporations Division of Corporations Division of Corporations | | | | | |
| P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle | | | | | |

Tallahassee, FL 32301

APPLIED STAND AND APPLICATION OF STAND APPLICATION OF CONTROL OF C

Articles of Amendment to

Articles of Incorporation

2016 OCT 28 PM 2: 01

| | of Esta GO. 20 111 2 |
|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Weird Factory | 1 Inc. |
| (Name of Corporation a | as currently filed with the Florida Dept. of State |
| | P16000014288 |
| (Document | Number of Corporation (if known) |
| rursuant to the provisions of section 607.1006, Florida States of Incorporation: | atutes, this Florida Profit Corporation adopts the following amendment(s) t |
| 1. If amending name, enter the new name of the corpo | oration: |
| | The new |
| | corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the previation "P.A." |
| 3. Enter new principal office address, if applicable: | 6951 LUCA ST. |
| Principal office address <u>MUST BE A STREET ADDRE</u> | ORLANDO FL. 32919 |
| • | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 6951 LIKEA ST |
| | 6951 LUCIA ST ORLANDO FL. 32819 |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered offi | |
| Name of New Registered Agent | |
| | |
| | (Florida street address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| | • |
| New Registered Agent's Signature, if changing Registe | wed Agent |
| hereby accept the appointment as registered agent. I an | n familiar with and accept the obligations of the position. |
| | |
| • | • |
| Signatur | re of New Registered Agent, if changing |
| , | - 0 0 0 0 |

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 | PT John Do | o <u>e</u> · | |
|-------------------------------|--------------------------|---------------------------------------|---------------------------------------|
| X Remove | V Mike Jo | nes | |
| X Add | SV Sally Sn | nith | |
| Type of Action (Check One) | <u>Title</u> | Name 1 | <u>Addres</u> s |
| 1) Change | VP | DAVID HAMBERGER | 6951 LUCCA ST OPLANDO FL. 32819 |
| _X_ Add | | | ORLANDO FL. 32819 |
| Remove | | 1 | |
| 2) Change | $\overline{\mathcal{D}}$ | JOSH MENDEZ | 100 NW 40TH ST. MIAMI, FL 33127 |
| <u></u> ★_ Add | | | MIAMI, FL 33127 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | · · · · · · · · · · · · · · · · · · · | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Ad d | | | · · · · · · · · · · · · · · · · · · · |
| Remove | | | |
| 6) Change | · | | |
| Add | | | · · · · · · · · · · · · · · · · · · · |
| Remove | | | |

| (Attach additional sl | ling additional Artic heets, if necessary). | (Be specific) | <u>, (8) HCIC</u> . | | |
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| provisions for imp | provides for an excholementing the amer ble, indicate N/A) | ange, reclassifica ndment if not con | tion, or cancellati tained in the ame | on of issued shar ndment itself: | <u>es,</u> |
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| The date of each amendment(s) adoption | n· | | 15.0 1 2012 - 19 10 10 10 10 10 10 10 10 10 10 10 10 10 | ំ! if other than the |
|----------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------------|-------------------------|
| date this document was signed. | | · . | जरा भी सार् | REORAL . |
| Effective date <u>if applicable</u> : | (no more than 90 days af | | 2016 OCT 28 | PM 2: 01 |
| | (no more than 90 days af | er amendment file date) | | |
| Note: If the date inserted in this block d document's effective date on the Department | | ntory filing requirements | , this date will no | t be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | | |
| The amendment(s) was/were adopted by the shareholders was/were sufficient | by the shareholders. The number it for approval. | of votes cast for the amer | ndment(s) | |
| ☐ The amendment(s) was/were approved must be separately provided for each was | | | | |
| "The number of votes cast for the | • • • | • • | | |
| by | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | (voting group) | | | |
| ☐ The amendment(s) was/were adopted b action was not required. | by the board of directors without s | hareholder action and sh | areholder | |
| ☐ The amendment(s) was/were adopted be action was not required. | y the incorporators without share | holder action and shareho | older | |
| Dated 10/14/ | 16 | | | |
| Signature | · Les | | | |
| | , president or other officer – if di | | | |
| | n incorporator – if in the hands o uciary by that fiduciary) | a receiver, trustee, or of | ner coun | |
| _ | JAIME AQUI | J0 | | |
| | (Typed or printed name of p | erson signing) | | |
| | PRESIDENT | | | |
| | (Title of person | signing) | | |