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Certified Copies	Certificates	of Status
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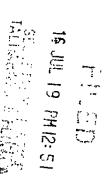


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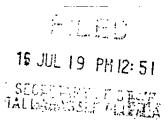
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	WHS AUSTRALL	A INC.	
DOCUMENT NUM	P16000025757		
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
,	ANTHONY J. PALACIO		
		Name of Contact Person]
	J.J. PALACIO, P.A.		
		Firm/ Company	
	12002 SW 128 CT, SUITE 1	• •	
		Address	
	MIAMI/FL/33186		
		City/ State and Zip Cod	2
ΑN	THONY@JJPALACIO.COM		
-	F-mail address: (to be us	sed for future annual report	notification)
	E-man address. (to be as	sed for fattire difficult report	notification)
For further informati	on concerning this matter, pleas	se call:	
ANTHONY J. PALACIO		305 at (595-0303
Name	of Contact Person	<u> </u>	de & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
M	ailing Address	<u>Street</u>	Address
Amendment Section		Amendment Section	
Division of Corporations		Division of Corporations	
	D. Box 6327		Building
Tallahaccaa El 22214		2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



WHS AUSTRALIA INC. (Name of Corporation as currently filed with the Florida Dept. of State) P16000025757 (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) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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) C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u> BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (Zip Code) (City) 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. 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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	GEOFF STOWE	12002 SW 128 CT SUITE 106
Add X Remove			MIAMI FL 33186 US
2) Change	P	ROBERT GEOFFREY STOWE	11 Dodonia Gardens
X Add	***************************************		City Beach
Remove			Western Australia 6015 Australia
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u>		
Add			
Remove			4-44-44-44-44-44-44-44-44-44-44-44-44-4
6) Ch		•	
6) Change			
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Remove			

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provisions for implementing t	<u>he amendment if not co</u>	ation, or cancellation o ntained in the amendm	f issued shares, ent itself:	
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The date of each amendment(s) adoption:, date this document was signed.	if other than the
Effective date if applicable:	
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 will not document's effective date on the Department of State's records.	t 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 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.	
Dated	
Signature	
(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)	,
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	