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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: HIGHLINE BODY	' SHOP CORP.	
DOCUMENT NUMB	ER: P16000025921		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	PETER MENDEZ		
	- ·-	Name of Contact Person	
	IST SOS STAFFING, INC.		
	·	Firm/ Company	<del></del>
	1040 BAYVIEW DR., STE 6	603	
		Address	
	FORT LAUDERDALE, FL.	33304	
		City/ State and Zip Code	
PMEN	DEZ@1STSOS.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call: at (at (	900-2013
Name o	of Contact Person	Area Coc	le & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	ertment of State;
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

HIGHLINE BODY SHOP CORP

(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)		
P16000025921				
.,	(Document Number	of Corporation (if known)		•••
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the follow	ing amendn	nent(s) to
A. If amending name, enter the new na	ame of the corporation:			
			The ne	'lt'
name must be distinguishable and contain "Inc.," or Co.," or the designation "Co"chartered," "professional association,"	Corp, " "Inc, " or "Co".	"company," or "incorporated" or the abbrevia A professional corporation name must cont ."	tion "Corp.,	
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A S			20	
		<del></del>	) DEC	
	Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		27 F	
		1040 BAYVIEW DR, STE 603	E.	
		FORT LAUDERDALE, FL 33304	<u>ω</u>	
D. If amending the registered agent ar new registered agent and/or the new				
Name of New Registered Agent	PETER MENDEZ			
	1040 BAYVIEW DR, ST	TE 603		
	(Florida :	street address)	_	
New Registered Office Address:	FORT LAUDERDALE	Florida		
		(City)	p Code)	
New Registered Agent's Signature, if c		) nt: Rwith and accept the obligations of the position	,	
r nervin accipi inc appriminani as regis		La -	•	
	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 = ChiefExecutive 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> </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>	<u>Name</u>	<u>Addres</u> s
1) Change	P	SERGIO D. ESNAL	3248 W 14TH CT
Add			HIALEAH, FL 33012
X			
Remove	PTS	PETER MENDEZ	1ST SOS, INC.
2) Change			1040 BAYVIEW DR., STE 603
Add			FORT LAUDERDALE, FL 33304
Remove 3.) Change	DTR	ROSANNA GUEMBES	IST SOS, INC.
$\overline{X}_{Add}$			1040 BAYVIEW DR., STE 603
			FORT LAUDERDALE, FL 33304
Remove	D	YASMANY CEPERO	1040 BAYVIEW DR. STE 603
4) Change			FORT LAUDERDALE, FL 33304
Add			
Remove			
51 Change			
Add			
Remove			
<i>δ</i> ) Change			
Add			
Remove			
		Page 2 of 4	
E If amanding or ad	ding addi	tional Articles, enter change(s) here:	
(Attach additional s	theets, if n	ecessary). (Be specific)	
N/A			

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provisions for implementing the amendment if not cont (if not applicable, indicate N/A)	ained in the amendment itself:	
provisions for implementing the amendment if not cont (if not applicable, indicate N/A)	ained in the amendment itself:	
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provisions for implementing the amendment if not cont (if not applicable, indicate N/A)	ained in the amendment itself:	
provisions for implementing the amendment if not cont (if not applicable, indicate N/A)  CANCELLATION OF ALL SHARES ISSUED PRIOR TO 12	/18/2019	
(if not applicable, indicate N/A) CANCELLATION OF ALL SHARES ISSUED PRIOR TO 12	e 3 of 4	

(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 be listed as the document's effective date on the Department of State's records.

■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by N/A	."
	(voting group)
action was not required.  ☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder ABER 18/2019
selj	a Unrector, president or other officer—if directors or officers have not been cted, by an incorporator—if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
/	SERGIO D. ESNAL
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)