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(((H170000835153)))



H170000835153ABC/

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To:

Division of Corporations.

Fax Number

: (850)617-6380

From:

Account Name

: ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 Phone

(407)425-7010

Fax Number

: (407)425-2747

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Sharcher @ zkslawfirm.com Email Address:\_

COR AMND/RESTATE/CORRECT OR O/D RESIGN

VIN GLOBAL, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 06      |
| Estimated Charge      | \$35.00 |

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Help

## COVER LETTER

| TO: Amendment Section Division of Corporations                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           |  |  |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--|--|--|
| NAME OF CORPORATION: VIN GLOBAL, IN                                                            | C,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                           |  |  |  |
| DOCUMENT NUMBER: P16000033600                                                                  | West of the state |                                                                                           |  |  |  |
| The enclosed Articles of Amendment and fee are su                                              | bmitted for filing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                           |  |  |  |
| Please return all correspondence concerning this man                                           | tter to the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |  |  |  |
| STEPHEN B. HATCHER, É                                                                          | SQUIRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |  |  |  |
|                                                                                                | Name of Contact Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1                                                                                         |  |  |  |
| ZIMMERMAN, KISER & S                                                                           | UTCLIFFE, P.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |  |  |  |
|                                                                                                | Firm/ Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                           |  |  |  |
| 315 E. ROBINSON STREET                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           |  |  |  |
| ORLANDO, FL 32801                                                                              | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                           |  |  |  |
| 0.000,100,100                                                                                  | City/ State and Ztp Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                           |  |  |  |
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| SHATCHER@ZKSLAWFIRM.CO                                                                         | OM<br>sed for future ennual report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | notification)                                                                             |  |  |  |
| Diviniti notices, (to be as                                                                    | Se tel torote majori infrost                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |  |  |  |
| For further information concerning this matter, please                                         | se call:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                           |  |  |  |
| STEPHEN B. HATCHER, ESQUIRE at 407 425-7010                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           |  |  |  |
| Name of Contact Person                                                                         | Area Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | de & 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                                                        | ☐\$43,75 Filing Fee & Certified Copy (Additional copy is enclosed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)    |  |  |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Yaliahassee, FL 32314 | Amend<br>Divisio<br>Clifton<br>2661 E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address Iment Section In of Corporations Building Executive Center Circle Issee, FL 32301 |  |  |  |

## Articles of Amendment to to Articles of Incorporation of

| as currently filed with the Florida Dept. of State  | Ŋ                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                     |                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| nt Number of Corporation (if known)                 |                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| talutes, this Florida Profit Corporation adopts the | following ame                                                                                                                                                                                                                                                                                         | ndment(s) io                                                                                                                                                                                                                                                                                                                                                                                                                              |
| eration:                                            |                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                     |                                                                                                                                                                                                                                                                                                       | new                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| "Inc." or "Co". A professional corporation nam      | r the abbrevi<br>ie must comal                                                                                                                                                                                                                                                                        | n the                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ESS)                                                |                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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|                                                     | SP                                                                                                                                                                                                                                                                                                    | 2                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <del></del>                                         | 77 77                                                                                                                                                                                                                                                                                                 | <b>-</b> ≩ :                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                     | <u> </u>                                                                                                                                                                                                                                                                                              | - ·                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| fice address:                                       | 三五                                                                                                                                                                                                                                                                                                    | ö                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                     | D <sub>m</sub>                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| (Floridu stress address)                            |                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| , Florida                                           |                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| (City)                                              | (Zip Code)                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| myanana, win and accept the bongains boy map        | <b>24,1110</b> 7.E                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| ere of New Registered Agent, if changing            |                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| er S S S S S S S S S S S S S S S S S S S            | ent Number of Corporation (if known)  Statutes, this Florida Profit Corporation adopts the regretation:  If "corporation," "company," or "incorporated" of "inc." or "Co". A professional corporation name of the office address:  (Florida street address)  (Florida street address)  Florida (City) | Statutes, this Florida Profit Corporation adopts the following ame reperation:  The discorporation "company," or "incorporated" or the abbrevious professional corporation name must companie the substraction "P.A."  RESS)  RESS  (Florida street address in Florida, enter the name of the office address:  (Florida street address)  (City)  (Zip Code)  (Silved Agent: (am familiar with and accept the obligations of the position. |

Page 1 of 4

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, (f 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 De  | <u>&gt;è</u>   |          |
|-------------------------------|--------------|----------|----------------|----------|
| X Remove                      | ¥            | Mike Jo  | n <del>s</del> |          |
| _X Add                        | <u>sv</u>    | Sally Si | nith           | •        |
| Type of Action<br>(Check One) | <u>Title</u> |          | Name           | Address  |
| 1)Change                      | <u></u>      | _        |                | <u> </u> |
| Add                           |              |          |                |          |
| Remove                        |              |          |                |          |
| 2) Change                     |              | _        |                |          |
| Add                           |              |          |                |          |
| Remove                        |              |          |                |          |
| 3 ) Change                    |              | _        |                |          |
| Add                           |              |          |                |          |
| Remove                        |              |          |                | 787      |
| 4) Change                     | _            | _        |                |          |
| Add                           |              |          |                |          |
| Remove                        |              |          |                |          |
| 5) Change                     | •            |          |                |          |
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| Remove                        |              |          |                |          |
| ර) Change                     |              | _        |                |          |
| Add                           |              |          |                |          |
| Remove                        |              |          |                |          |

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| Allach addinona  | dding additional Articles, enter shanee(3) here: sheets, if necessary). (Be specific)                                                                |      |
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| If an amendmer   | t provides for an exchange, reclassification, or cancellation of issued chares, implementing the amendment if not contained in the amendment itself: |      |
| provisions for   | implementing the amendment if not contained in the amendment itself:<br>leable, indicate N/A)                                                        |      |
|                  | es which the Corporation shall have authority to issue is One Thousand (1,000), consisting of a si-                                                  | nelo |
| <del></del>      |                                                                                                                                                      |      |
| iss of common st | ock, Ten Dollars (\$10.00) per value per share.                                                                                                      |      |
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|                                                                          | (((H17000083515 3)))                                                                                                                                          |                           |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| The date of each amendment(s) as date this document was signed.          | loption:                                                                                                                                                      | , if other than the       |
| Effective date if applicable:                                            | (no more than 90 days after amendment file date)                                                                                                              |                           |
| Note: If the date inserted in this bedocument's effective date on the De | block does not meet the applicable statutory filing requirements, this date we partment of State's records.                                                   | illi not be listed as the |
| Adoption of Amendment(s)                                                 | (CHECK ONE)                                                                                                                                                   |                           |
| The amendment(s) was/were add by the shareholders was/were st            | opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.                                                              |                           |
| The amendment(s) was/were approvided for must be separately provided for | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):                  |                           |
| "The rumber of votes cast                                                | for the amendment(s) was/were sufficient for approval                                                                                                         |                           |
| by                                                                       | **                                                                                                                                                            |                           |
|                                                                          | (voting group)                                                                                                                                                |                           |
| The amendment(s) was/were ad section was not required.                   | opied by the board of directors without shareholder action and shareholder                                                                                    |                           |
| action was not required.                                                 | opted by the incorporators without shareholder action and shareholder                                                                                         |                           |
| Dated 3                                                                  | -27-2017<br>La Salut                                                                                                                                          |                           |
|                                                                          | 1800                                                                                                                                                          |                           |
| Signature                                                                | Centre                                                                                                                                                        | - <del></del>             |
|                                                                          | director, president or other officer - if directors or officers have not been ad, by an incorporator - if in the hands of a receiver, trustee, or other court |                           |
|                                                                          | ned fiduciary by that fiduciary)                                                                                                                              |                           |
|                                                                          | Kris Denbestep                                                                                                                                                |                           |
|                                                                          | (Typed or printed name of person signing)                                                                                                                     |                           |
|                                                                          | President                                                                                                                                                     | •                         |
|                                                                          | (Title of person signing)                                                                                                                                     |                           |

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