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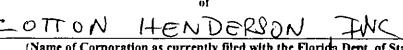
TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: COTT	ON HENDERSON INC					
DOCUMENT NUMB	ER: P16000	ON HENDERSON INC P4566S					
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.					
Please return all corresp	pondence concerning this ma	tter to the following:					
	JOHIRUL	- TSLAM					
•		Name of Contact Person					
	COTTON HENDERSON FINC						
-		Firm/ Company					
	3971	NW 19th ST.					
-		Address					
	LAUDERD	ALE LAKES, FL 33311					
-		City/ State and Zip Code					
	12022PBAR	ATES @ COMCAST. NET					
-	E-mail address: (to be us	1.00					
		TAIR TAIR					
For further information	concerning this matter, pleas	se call:					
JOHIRVI	TOLAN	see call: Area Code & Daytime Telephone Number PA PA 20 PA 21 PA 22 PA 23 PA 23 PA 24 25 PA 25 PA 26 PA 27 PA 28 PA 29 PA 20 PA A A A A A A A A A A A A					
	f Contact Person	Area Code & Daytime Telephone Number					
rvanic o	r Contact r crson	The code at Daytime recombine Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:							
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (Additional Copy is enclosed)					
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

αf



P 16000045665

(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:

name must be distinguishable and contain the word "corporation," "co	mpany," or "incorporated" or the abbreviati	_The on "Coi	rp."
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	professional corporation name must contai	in the v	word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N A	SEC	2024 NOV
		REFARY O	_&
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	ASSEE,	PM 2:
Name of New Registered Agent		, FATE	7
(Florida stree	address)	-	
New Registered Office Address:	, Florida	Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.		
Signature of New Reg	sistered Agent, if changing	_	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Example:

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	<u>oe</u>						
X Remove	Y	Mike Jo	ones .						
X Add	<u>sv</u>	Sally St	<u>mith</u>						
Type of Action (Check One)	Title		<u>Name</u>			Address		Ī	
1) Change	VP		MD	CHIUM	NICCIO	3817 SN MIRAMAR	1 1PP_11	-KVE	`
Add						MIRAMAR	FL -	3302	4
Remove							<u>. </u>	_	
2) Change		_						_	
Add								_	
Remove Change		_					SECR	2024 NOV -8	
Add							RETA LLA	_ VOI	
Remove							HASS		
4) Change							SEE ST	PH 2:	
Add							TATE		
Remove							· ·	_	
5) Change								_	
Add									
Remove								_	
6) Change		_							
Add									
Remove									

Attach additional sheets, if necessary). (Be specific)	
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If an amendment provides for an exchange, reclassification, or cancellation of iss provisions for implementing the amendment if not contained in the amendment	<u>ued shares,</u> itself:
(if not applicable, indicate N/A)	
	.
	
	

The date of each amendment(s) adoption:	11/4	124	, if other than the
date this document was signed. Effective date if applicable:	(no more than 90 days a	fter amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of S		tutory filing requirements, this	date will not be listed as the
Adoption of Amendment(s) (CHE	CK ONE)		
The amendment(s) was/were adopted by the in action was not required.	acorporators, or board of	directors without shareholder a	action and shareholder
☐ The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap		r of votes cast for the amendme	ent(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting g			'ement
"The number of votes east for the amend	lment(s) was/were suffic	cient for approval	
by			
(votin	g group)		
Dated	4		∽ ≥
	porator – if in the hands	directors or officers have not be of a receiver, trustee, or other of	count AR A
	OHIRUL	•	OV-8 TARY AHAS
<u>_</u>	yped or printed name of	person signing)	PH :
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