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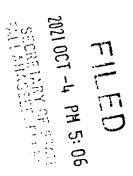
(Requestor's Name)
(Address)
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(Cib. (Chaha (Zia (Dhana A)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Amendment Section

Division of Corpo	rations	·	•	
NAME OF CORPOR	ATION: FULTON	I FINANCIAL SERVICES INC		
DOCUMENT NUMB	er: <u>P 16 0000</u>	60334		
	f Amendment and fee are su			
Please return all corresp	ondence concerning this ma	tter to the following:		
	Bearan	N NA 11 AD P)		
-	10011111	Name of Contact Person	_	
-		Firm/ Company		
-	101 S. FOORER	4 HIGHWAY APT 455	_	
	BUYNTAN BEACH	H FLERION 35435 City/State and Zin Code	_	
_		City/ State and Zip Code		
-	M VOGCL 111 E-mail address: (to be us	ECL SOM, NET		
For further information	concerning this matter, pleas	se call:		
BEASAMI	W WIUJED Contact Person	at (<u>56j</u>) <u>820-7107</u> Area Code & Daytime Telephone Num		
Name o	f Contact Person	Area Code & Daytime Telephone Num	oer	
Enclosed is a check for	the following amount made	payable to the Florida Department of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & ☐S52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐S52.50 Filing Fee Certified Copy (Additional Copy is enclosed)		
	ing Address	Street Address		
	ndment Section ion of Corporations	Amendment Section Division of Corporations		
	Box 6327	The Centre of Tallahassee		
	hassee, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

FILED

	Articles of theorpo	ration	
_	of		2021 OCT -4 PH 5: 06
	IN FINANCIAL		SECRETARY OF OTA
(Name of Corp	oration as currently file	d with the Florida Dept.	of State) AHARGEE FI
ho	14 0000 603	34	
(1)	Document Number of Corp	ooration (if known)	
Pursuant to the provisions of section 607,1006, F its Articles of Incorporation:	lorida Statutes, this <i>Florid</i>	da Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new name of	the corporation:		
FL	GLOBAL CONS	ULTING INC	The new
name must be distinguishable and contain the wor "Inc.," or Co.," or the designation "Corp." "chartered." "professional association." or the	"Inc." or "Co". A proj		
B. Enter new principal office address, if appli			
(Principal office address <u>MUST BE A STREET</u>	<u>ADDRESS</u>)		*
		-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	F ROY)		
(Stuting dutiess SIAT DI. A COST OFFIC			
	_		
D. If amending the registered agent and/or re	gistered office address i	n Florida, enter the nam	e of the
new registered agent and/or the new regist		***	
Name of New Registered Agent			
	(Florida street ad	dress)	
No. Designal Office Library			Florida
New Registered Office Address:	(City)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag		nd accept the obligations	of the position.
t never the me approximation and a second			,
	Company of Nove Provide	and to be distributed as	
	Signature of New Registe	теа муст, <i>ң спапу</i> ту	
Check if applicable		_	
☐ The amendment(s) is/are being filed pursuant	to s. 607.0120 (11) (e). F	.5.	

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: XChange	<u>rq</u>	John Doe	<u>e</u>	
X Remove	<u>V</u>	Mike Jor		
X Add	<u>sv</u>	Sally Sm		
Type of Action (Check One)	Title		<u>Name</u>	Address
1) Change		_		
Add Remove				
2) Change		_		
Add Remove 3) Change		·		
Add				
Remove 4) Change				
Add Remove				
5) Change				
Add Remove				
6) Change		_	***************************************	
Add				

tach additional sheets, if necessary	ticles, enter change(s) he . (Be specific)			
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an amendment provides for an ex	change, reclassification, o	or cancellation of issu	ied shares,	
rovisions for implementing the an	<u>endment if not contained</u>	l in the amendment i	itself:	
(if not applicable, indicate N/A)				
	_			
				·
				

	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		···
	(no more than 90 days after amendment fil	e date)
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requi- department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(\$) was/were acception was not required.	lopted by the incorporators, or board of directors without	shareholder action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for sufficient for approval.	the amendment(s)
	oproved by the shareholders through voting groups. The fer r each voting group entitled to vote separately on the ame	
"The number of votes eas	t for the amendment(s) was/were sufficient for approval	
by	 (voting group)	
	(voting group)	
Dated	2/12/1031	
select	director, promient or other officer – if directors or officers ed, by an incorporator – if in the hands of a receiver, trustented fiduciary by that fiduciary)	
	BENJAMIN WILLARD (Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)