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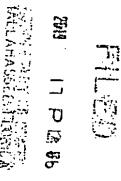
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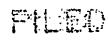
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Alpha	Products International Incorporated
DOCUMENT NUMBER: P1600006	8588
The enclosed Articles of Amendment	
Please return all correspondence conce	rning this matter to the following:
Jayce R. Brown	
	Name of Contact Person
Alpha Products	International Incorporated
<u> </u>	Firm/ Company
12 Elkwood Cor	, ,
11	Address
Winter Springs.	FL 32708
	City/ State and Zip Code
jrbrown1285@gmail.c	com
E-mail add	ress: (to be used for future annual report notification)
For further information concerning this	matter, please call:
	JAYLE BROWN
1 h / 15) at (. 407) 539 - 4500
Name of Contact Person	
Enclosed is a check for the following a	mount made payable to the Florida Department of State:
r	mount made payable to the Florida Department of Since.
S35 Filing Fee S43.75 F Certificat	iling Fee & S43.75 Filing Fee & S52.50 Filing Fee e of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323	Clifton Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Alpha Products International, Incorporate	ed		nera Adam	ET) POLICE
(Name	of Corporation as currentl	y filed with the Florid	ia Dept. G. State	· · · · · · · · · · · · · · · · · · ·
P16000068588			MUNNY	
	(Document Number o	f Corporation (if know	TABLAHASSE	<u>ध्यानि एड्रेनिएक्ट</u> े
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corpor	ation adopts the fo	illowing amendment(s)
A. If amending name, enter the new n	ame of the corporation:			
Alpha Industries, Inc.				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or "	Co". A professional		
B. Enter new principal office address, (Principal office address MUST BE A S				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST				
1,7741101,741 0031	<u> </u>			
D. If amending the registered agent ar	nd/or registered office add	ross in Florida, onton	the name of the	
new registered agent and/or the ne			ne name or the	
Name of New Registered Agent	Jayce R. Brown			
in the second se	12 Elkwood Court			
	(Florida str	veet address)		
New Registered Office Address:	Winter Springs		. Florida 32	2708
Med Registered Office Paddress.		(City)	, 1 101101	(Zip Code)
				•
New Registered Agent's Signature, if c I hereby accept the appointment as regist			igations of the po	sition.
	10/16			
	Signature of New R	- Registered Agent, if cha	nging	_

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 Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
5) Change		_		
Add				
Remove				<u> </u>
6) Change			<u> </u>	
Add				
Remove				

(Attach	nding or adding additional additional additional sheets, if necessar				
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If an a	nendment provides for <u>an</u> (xchange, reclassifi	cation, or cancella	tion of issued share:	<u>s.</u>
	ions for implementing the		ontained in the am	endment itself:	
(1)	not applicable, indicate N/A)			
-					
.,					

The date of each amendment(s) adopt	ion:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 40 days after amenament fite date)	
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, this dament of State's records.	te will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for the amendment(sent for approval.	9)
	ed by the shareholders through voting groups. The following stateme is voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
04/10/2019		
Dated		
Signature _1/	MA	
(By a direct	or, 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	l .
appointed to	duciary by that fiduciary)	
Jayo	e R. Brown	
	(Typed or printed name of person signing)	
Pres	ident	
	(Title of person signing)	