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| Special Instructions to | Filing Officer: | | | |
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COVER LETTER

TO: Amendment Section **Division of Corporations**

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| The enclosed Articles of Amendment and fee are submitted for filling. Please return all correspondence concerning this matter to the following: Sherry Janes Name of Contact Person GSS Denny'S Firm/ Company 250 International Play Suite 134 Address Lake May FL 32746 City/ State and Zip Code Delay (to be used for future annual report notification) For further information concerning this matter, please call: Sherry Janes Name of Contact Person at 40 915-1016 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: |
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| Please return all correspondence concerning this matter to the following: Sherri Janes Name of Contact Person GSS Denny's Firm/ Company 250 International Play Suite 134 Address Lake May FL 32746 City/ State and Zip Code Sidny Coss restaurants, com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sherri Janes Name of Contact Person Area Code & Daytime Telephone Number |
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| 250 International Play Suite 134 Lake May FL 32746 City/ State and Zip Code DSIGNU @GSS (estaurants, Come) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sherri Jaes Name of Contact Person Area Code & Daytime Telephone Number |
| Lake May FL 32746 City/State and Zip Code DSIAN @GSS (eStaurants, come E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sharri Janes |
| E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sherri Jones Name of Contact Person Area Code & Daytime Telephone Number |
| Sherri Jones at 40 915-10016 Name of Contact Person Area Code & Daytime Telephone Number |
| Name of Contact Person Area Code & Daytime Telephone Number |
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| \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

| Articles of Amendment |
|--|
| to Articles of Incorporation |
| OFF Managana and Inc |
| (Name of Corporation as currently filed with the Florida Dept. of State) |
| Oli ANNO STAIGH |
| (Document Number of Corporation (if known) |
| |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: |
| The new |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." |
| 250 International Orus |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) |
| 101 to 104 |
| Lake Man H 32146 |
| C. Enter new mailing address, if applicable: |
| (Mailing address MAY BE A POST OFFICE BOX) |
| |
| |
| |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: |
| Aurut C. dhu |
| Name of New Registered Agent CIVIIL OCHU |
| 250 International Plany July 139 |
| (Florida street address) |
| New Registered Office Address: LUNC 11010 , Florida JC 1100 (City) (Zip Code) |
| (Zip Code) |
| ent |
| New Registered Agent's Signature, if changing Registered Agent: |
| Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. |
| See 2-5 |
| 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 = 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 | PT John | <u>Doe</u> | |
|-------------------------------|----------------------|----------------|---------------------------------|
| X Remove | <u>V</u> <u>Mike</u> | Jones | |
| X Add | SV Sally | <u>Smith</u> | |
| Type of Action (Check One) | <u>Title</u> | Name | Address |
| 1) Change | PT | Harder Gill | 250 International Pkw |
| Add | | | Suite 134 Lake Many FL 32746 |
| Remove | OT. | Maryandar Call | |
| 2) Change | <u> </u> | Ravinder Gill | Samo as |
| Add Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | · | | |
| Add | | | |
| Remove | | | |

| tach additional. | ding additional Articles, enter change(s) here: heets, if necessary). (Be specific) | |
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| an amendment rovisions for in | provides for an exchange, reclassification, or cancellation of issued shaplementing the amendment if not contained in the amendment itself: | res, |
| (if not applic | able, indicate N/A) | |
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| | her than the |
|--|--------------|
| date this-document was signed. | |
| Effective date if applicable: 5/27/17 | |
| (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 I document's effective date on the Department of State's records. | isted as the |
| Adoption of Amendment(s) (CHECK ONE) | • |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated5 27 17 | |
| Signature / franchis | |
| (By a director, 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 appointed fiduciary by that fiduciary) | • |
| appointed fiduciary by that fiduciary) | |
| (Typed or printed name of person signing) | _ |
| Prost don L | |
| (Title of person signing) | _ |