P160000 78358

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	Paradox Entertainr	nent Inc			
DOCUMENT NUM	IBER: P16000078358				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	Kevin Allen				
		Name of Contact Perso	n		
•	Paradox Entertainment Inc				
		Firm/ Company			
	197 Blackford Way				
		Address			
	St. Augustine FL 32086				
		City/ State and Zip Cod	e	,	
рага	doxinc2016@gmail.com				
-	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, pleas	se call:		19 JAN 28 FM	
Kevin Allen		904 at (7975020		
Name	e of Contact Person		de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	☐\$43.75 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)	5.9 5.9	
Ar	ailing Address nendment Section	Ameno	Address Iment Section		
Di	vision of Corporations	Divisio	on of Corporations		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

to

Paradox Entertainment Inc				
(Name	of Corporation as current	ly filed with the Florida Dept. of State)		
P16000078358				
	(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the follo	wing amend	lment(s)
A. If amending name, enter the new n	ame of the corporation:			
N/A			The r	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	on," "company," or "incorporated" or the "Co". A professional corporation name mi"P.A."	abbreviat est contain	ion the
B. Enter new principal office address, (Principal office address MUST BE A S		N/A		_
				_
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A	3	- • •
			~ ~> 	_ :7
			772	-
D. If amending the registered agent an new registered agent and/or the ne			-: ·20	0.1810
Name of New Registered Agent	N/A	<u></u>		7)
	,	reet address)		
New Registered Office Address:	N/A	, Florida		_
		(City)	Zip Code)	
New Registered Agent's Signature, if a line line line line line line line line	tered agent. I am familiar	l: with and accept the obligations of the position		
	Signature of New I	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 <math>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>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	n <u>ith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	T		Sherman Wells	1013 Deer Chase Dr
Add				St. Augustine FL 32086
X Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<u>—</u>		
Add				
Remove				
6) Change		_		
Add		-		
Remove				

/A	in adamonai i	sheets, if necess	sary). (Be s	іресіліс)				
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- 								
<u>If an</u>	amendment	provides for a	n exchange,	reclassificati	on, or cancella	tion of issued	shares,	
pro	<u>visions for im</u>	nplementing th	ie a <u>mendmer</u>	it if not conta	ined in the an	nendment itsel	<u>lf:</u>	
	(if not applied	able, indicate N	√ /A)					
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	01/24/2019	
The date of each amendment(s) a	loption:	, if other than the
date this document was signed.		
N/A		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this I document's effective date on the De	block does not meet the applicable statutory filing requirements, this date we partment of State's records.	rill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) officient 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):	
	for the amendment(s) was/were sufficient for approval	
Board of Directors	(voting group)	
, -	(voting group)	
	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
01/24/2019 Dated) 	
Signature	K.G. All	
	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoir	ted fiduciary by that fiduciary)	
N.	Kevin Allen	
	(Typed or printed name of person signing)	
	PD	
	(Title of person signing)	