P16000084298

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:							
DOCUMENT NUM	BER: P16000084298		<u> </u>					
	of Amendment and fee are su	bmitted for filing.						
Please return all corre	spondence concerning this ma	tter to the following:						
	Angela Rivard							
	Name of Contact Person							
	Rivard, Inc.							
	Firm/ Company							
	3125 Packard Ave							
	Address							
	Saint Cloud, FL 34772							
		City/ State and Zip Code	e					
ange	la.rivard@forehandcpa.com							
		sed for future annual report	notification)					
		•						
For further information	n concerning this matter, pleas	se call:						
Angela Rivard		407	552-1626					
Name	of Contact Person	Area Co	de & Daytime Telephone Number					
Enclosed is a check for	or the following amount made	payable to the Florida Depa	irtment of State:					
□ \$35 Filing Fee	■S43.75 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)					
Am Div P.O	endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Innent Section on of Corporations Building xecutive Center Circle assee, FL 32301					

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)

P16000084298

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(3) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent 3125 Packard Ave. (Florida street address) , Florida 34772 Saint Cloud New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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: XChange	PT	John Do	<u>oe</u>			
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change	V		Clifford Rivard	4700 Jay Dr.		
X Add	 -			Saint Cloud, FL 34772		
Remove						
2) Change						
Add						
Remove						
3) Change		_				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change						
Add		_				
Remove						
6) Changa						
6) Change			·			
Add						
Remane						

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
-		 		
				<u> </u>
				_
				
,				
f an amendment provides for an exch provisions for implementing the ame	ange, reclassification	, or cancellation of iss	ued shares,	
(if not applicable, indicate N/A)			<u></u>	
	· · · · · · · · · · · · · · · · · · ·			
			 	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(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 dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ 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 statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):	n
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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.	
Signature By a director, president or other officer – if directors or officers have not been selected, by an accorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
0 -1- D - 1	
Avaela Rivard (Typed or printed name of person signing)	
(Tyrea or printed name or person signing)	
Secretaria	
(Title of person signing)	