P16000088052

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G GOLDEN - AFR 2.7 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	Perfect Stage USA Inc. P16000082052
DOCUMENT NUMBER:	P160000 82052
	ent and fee are submitted for filing.
Please return all correspondence c	oncerning this matter to the following:
	Levi Pershin
	Name of Contact Person
	3001 S Ocean Or #525
	Address Address City/State and Zip Code
	City/ State and Zip Code
E-mail For further information concerning	address: (to be used for future annual report notification) this matter, please call:
Lw' (erson at (2-13) 403 9479 area Code & Daytime Telephone Number
Name of Contact P	erson Area Code & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made payable to the Florida Department of State:
	75 Filing Fee & S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion Amendment Section porations Division of Corporations Clifton Building

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FILED

Perfect Stanz	AC U	Inc.	2019 APR 18 AM 7: 44
(Name of Corporation as currently f			E) An /: 44
P160000 8805) _		and the second
(Document Number of C		own)	Ah SSEE, FL"
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	oridu Profit Corp	poration adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation,"			The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	". A profession	r "incorporated" o ad corporation nam	or the abbreviation ne must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, ent	er the name of the	
Name of New Registered Agent			
tFlorida street	address)		
New Registered Office Address:		, Florida	(Zip Code)
(C	ity)		(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the	obligations of the p	osition.

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 Do	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				<u> </u>
Remove				
2) Change		_		
Add				<u> </u>
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additiona	dding additional Ar I sheets, if necessary).	. (Be specific)				
					<u> -, </u>	
				•		
	<u> </u>			<u>-</u>		
 _				 _		
						_
						
·	 					
f an amendmer	t provides for an exc	change, reclassifi	cation, or cancell	ation of issued sh	ares,	
provisions for i	mplementing the am cable, indicate N/A)	nendment if not co	ontained in the ai	nendment itself:		
(y not appr	casic, maiene mm					
		<u> </u>				
		_	_			
						
						

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	.
(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 document's effective date on the Department of State's records.	will not be listed 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):	ıt.
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
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.	
Dated 4/16/19 April (6th, 2019	
Signature	
(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)	
2evi Perohy	
(Typed or printed name of person signing)	-
President	
(Title of person signing)	