P160000 89502

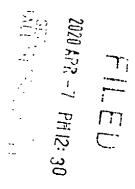
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Sharshan & Comp.	any, CPA's, P.A.			
	BER: P16000089502				
The enclosed <i>Articles</i>	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	itter to the following:			
	Andrew Sharshan				
		Name of Contact Person	n		
	Sharshan & Company, CPA's, P.A.				
	Firm/ Company				
	21346 St. Andrews Blvd, #165				
	Address				
	Boca Raton, FL 33433				
		City/ State and Zip Cod	e		
	a also subser (O = al a sus	,			
	asharshan@aol.com	16 8			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Andrew Sharshan		at (412	788-5252		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	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			Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Sharshan & Company, CPA's, P.A.

(Name of Corporation as curre	ently filed with the Flor	rida Dept. of State)	
P16000089502			
(Document Number	er of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	his <i>Florida Profit Corpo</i>	oration adopts the following amen	dment(s) to
A. If amending name, enter the new name of the corporation	<u>:</u>		
Andrew Sharshan, CPA, P.A.		The	
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc." or "Co" "chartered," "professional association," or the abbreviation "P.	. A professional corpo	porated" or the abbreviation "Cor	rv "
B. Enter new principal office address, if applicable:		NA	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		2020	
		- FP	1
			1
C. Enter new mailing address, if applicable:		/. P	M.
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		<u> </u>	₹.
		.; O	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addresses		r the name of the	
Name of New Registered Agent	NA		
(Floride	a street address)	<u>, </u>	
New Registered Office Address:		Florida	
	(City)	(Zip Code)	_
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am famili		bligations of the position.	
Signature of New	w Registered Agent, if ch	nanging	
	· · · · · · · · · · · · · · · · · · ·	m remie	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1)	11) (a) FS		

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

ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
3	
	N/A
 	
	<u> </u>
	
in amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
ovisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	,
	-N/A

The date of each amendment(s) a date this document was signed.	doption:	, if other than the
· ·		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirement epartment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were addaction was not required.	opted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amifficient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by the shareholder.		
	(voting group)	
April 3, 20 Dated	20	
Signature		
(By a d selecte	irector, president or other officer – if directors or officers have d, by an incorporator – if in the hands of a receiver, trustee, or ded fiduciary by that fiduciary)	
	Andrew Sharshan	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	-