P1700000a978

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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DIVISION OF CORPORATIONS

V HERRING APR 24 2017

COVER LETTER

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION:			
DOCUMENT NUMBER: P17000	002978		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
Niky 154 B Lake	Name of Contact Person Nice Inc. Firm/ Company Address MAKY FI 32746 City/ State and Zip Code Oicence Camail Company used for future annual report notification)		
For further information concerning this matter, plea	ase call:		
Cornell Daniels Name of Contact Person Enclosed is a check for the following amount made	at (407) 936-4099 Area Code & Daytime Telephone Number e payable to the Florida Department of State:		
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status 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 of

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2017 APR 21 PM 2: 15

Niky N	ice Inc.		
(Name of C	Corporation as currently	filed with the Florida Dept.	of State)
\mathcal{F}_{l}	70000029	78	
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06, Florida Statutes, this F	lorida Profit Corporation add	opts the following amendment(s) to
A. If amending name, enter the new name	e of the corporation:		
			The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "C	o". A professional corporat	rated" or the abbreviation
B. Enter new principal office address, if a (Principal office address MUST BE A STR			
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF	FICE BOX)		
D. If amending the registered agent and/o new registered agent and/or the new r		ss in Florida, enter the name	e of the
Name of New Registered Agent		<u>.</u>	
_	(Florida stree	et address)	
New Registered Office Address:			Florida
	(0	City)	(Zip Code)
New Registered Agent's Signature, if chail I hereby accept the appointment as registered	n <mark>ging Registered Agent:</mark> ed agent. I am familiar wi	th and accept the obligations	of the position.
	Signature of New Per	gistered 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	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Na</u>	<u>me</u>	<u>Addres</u> s
1) Change		b –	Stephanie Pratt	154 Beightvirw De
X Add				LAKE MARY FI.
Remove				32746
2) Change	V	<u> </u>	bencli Daniels	4918 Shoreline Cie.
X_ Add			•	Spinford Fl.
Remove				32771
3) Change				
Add				
Remove				
4) Change		.		
Add				
Remove				
5) Change	- 			
Add				
Remove				
6) Change				
Add				
Remove				

-	(Be specific)	
<u></u>		
		· · · -
·		_
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

The date of each amendment(s) a	doption: 4/18/	2017	, if other than the
date this document was signed.	, ,		
Effective date if applicable:			
	(no more than 90 da	ys after amendment file date)	
Note: If the date inserted in this document's effective date on the D		statutory filing requirements	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The numufficient for approval.	nber of votes cast for the ame	ndment(s)
	proved by the shareholders through reach voting group entitled to vote		
"The number of votes cas	for the amendment(s) was/were su	fficient for approval	
by	(voting group)		
	(voting group)		
The amendment(s) was/were adaction was not required.	opted by the board of directors with	nout shareholder action and sh	areholder
☐ The amendment(s) was/were ac action was not required.	opted by the incorporators without	shareholder action and shareh	older
4	1/18/2017		
Dated /	10/2011	_	
Signature/			
(By a	director, president or other officer -	if directors or officers have r	not been
	ed, by an incorporator - if in the har		
арроі	nted fiduciary by that fiduciary)		
	Cornell D	Paniels	
	(Typed or printed name		
	Dist	Vice Pa	esident
	(Title of pe	erson signing)	