P1700000 4588

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: FARO STONE CORP. DOCUMENT NUMBER: P170000 4588
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person FARO STONE ORP. Firm/Company 4061 Military trailing Ave Address Pourpano Block Al 330Cor City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Column Co
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee & Certified Copy (Additional Copy is enclosed) \$35 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

Articles of Amendment to

Articles of the	corporation
Faro Stone	CAD
(Name of Corporation as current	ly filed with the Florida Dept. of State FEB 21 A 11: 31
P17 00000 45	TOW PLO 21 A III 31
(Document Number o	f Corporation (if known) SECRETARY OF STATE
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	TALLAHASSEE. FLORIDA Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	n," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	4061 MilitARY TRAIL NW 9 AVE # 106
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	4061 Military TRAIL NOW 9 AVE #106 Pompone beach fl 33064
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same.
D. If amending the registered agent and/or registered office addi	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>.</u>
Name of New Registered Agent	
· (Florida str	eet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	i with and accept the obligations of the position.
lulas	
Signature of New R	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.

X Change	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>		Address	
1) K Change	<u> P</u>	<u>federico</u>	tagion	4061 Wilitery trail	JW PAVE #10
Add			V	Pom Dano Beach	H 33064
Remove				<u>, </u>	
2) Change	***************************************				
Add					
Remove					
3) Change				 	
Add					
Remove					
4) Change	<u> </u>				
Add					
Remove					
5) Change					
Add					
Remove					
6) Change			·		
Add					
Remove					• .

	sheets, if necessary)	. (Be specific)	ge(s) here:		
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<u>an amendment :</u>	provides for an exc	change, reclassific	cation, or cancella	tion of issued sha	res.
rovisions for im	ble, indicate N/A)				
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The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	date 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 amendmen by the shareholders was/were sufficient for approval.	t(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 2017	
Signature Joseph	
director, president or other officer - if directors or officers have not been	n
pelected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	urt
appointed inductary by that inductary)	
Dederico tagion	
(Typed or printed name of person signing)	
Vresident.	
(Title of person signing)	