(Requestor's Name)	
(Address)	7002074
(Address)	7002971
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	05/25/17010
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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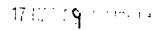
Ū26--Ō19 **35.OO

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: VIOLET ASH INC	`. 	
DOCUMENT NUM	P17000023224		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	Processing Department		
		Name of Contact Person	
	My Corporation Business Services, Inc.		
		Firm/ Company	
	26025 MUREAU RD STE 12	20	
		Address	
	CALABASAS, CA 91302		
		City/ State and Zip Code	
nroc	essing@mycorporation.com		
		sed for future annual report	notification)
For further information Processing Department	on concerning this matter, pleas		692-6772
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made		
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Di P.C	niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation



VIOLET ASH INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P17000023224 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) 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," "protessional association," or the abbreviation "P.A." 10026 Spanish Isles Blvd, Unit 20-22 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Boca Raton, FL 33498 C. Enter new mailing address, if applicable: 10026 Spanish Isles Blvd. Unit 20-22. (Mailing address <u>MAY BE A POST OFFICE BOX)</u> Boca Raton, FL 33498 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 (Florida street address) _. Florida_ New Registered Office Address. New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam 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:

 $P = President, \ V = Vice President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk, CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office beld. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doc 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: \underline{X} Change	<u> 1011</u>	<u>n Doc</u>	
X Remove	<u>V</u> <u>Mil</u>	(e Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Tule	<u>Name</u>	<u>Addres</u> s
1)Change	DPST	FOX K. AROLYN	8550 LEWIS RIVER RD.
Add			DELRAY BEACH, FL 33446
X Remove			
2) Change	DPST	Karolyn Fox	8550 LEWIS RIVER RD
X Add			DELRAY BEACH, FL 33446
Remove			
3.) Change	1)	JoAnn Heskin	10026 Spanish Isles Blvd
X Add		· · · · · · · · · · · · · · · · · · ·	Unit 20-22
Remove			Boca Raton, FL 33498
4) Change			
Add			
Remove			
<i>5)</i> Change			
Add		,	
Remove			
			•
6) Change			
Add			
Remove			

Awach additional sheets, it necessary).	ticles, enter change (By specific)			
		······································		
				
				
			-	
				<u> </u>
			<u> </u>	
				<u>-</u>
f an amendment proyides for an exc	change, reclassificat	tion, or cancellatio	n of issued shares,	
provisions for implementing the am	endment if not con-	tained in the amen	<u>dment itself:</u>	
(if not applicable, indicate N/A)				
			·	·
		·		
			 	
<u> </u>				
				

The date of each amendment(s) a	03/23/2017		
date this document was signed.	doption:		_, if other than the
Effective date if applicable:			
	(no more tha	n 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the appropriate of State's records.	plicable statutory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The fire on the shareholders.	The number of votes cast for the amendment(s)	
☐ The amendment(s) was/were app inust be separately provided for	roved by the shareholders the each voting group entitled it	hrough voting groups. The following statement to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/w	vere sufficient for approval	
	(voting group)		
The amendment(s) was/were ado action was not required.	pted by the board of directo	rs without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators wi	ithout shareholder action and shareholder	
Dated 3	26-17		
(By a din selected	ector, president or other off by an incorporator – if in the diductary by that fiductary	ficer – if directors or officers have not been he hands of a receiver, trustee, or other court y)	
1	Carolyn Fox		
-	(Typed or printed	name of person signing)	
I	President		
_	(Title	of person signing)	