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COVER LETTER

TO: Amendment Section Division of Corporations

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DOCUMENT NUMBER: _	<u>P17</u>	000029260	Illision Center INC.
The enclosed Articles of Ame	nameni and tee are sut	mitted for filing.	
Please return all corresponder	ice concerning this man	ter to the following:	
<u> </u>		Name of Contact Person AUTO COLLISIO	
	× × ×	Firm/ Company	
	2231 AL		
	D=1=1=10	Address 70	·,
	DECIONA	FL. 32738 City/ State and Zip Code	<u></u>
	KARMA mail address: (to be use	NIAX @ G M F ed for future annual report r	
For further information conce	rning this matter, please	e call:	
ORATIO Name of Contr	RUBIWSON act Person	at (7/8 Area Cod) 690 - 1432 le & Daytime Telephone Number
Enclosed is a check for the fo	llowing amount made p	ayable to the Florida Depar	tment of State:
- C	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ac	ldr <u>ess</u>	Street A	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

	COTTISION CENTER INC.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P170000 293	263
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	1A.
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".	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	1067 SHADICK DR
	UNITE, ORANGE
	CITY, FL. 32763
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1067 SHADICK DR
	UNITE, DRANGE
	CITY, FL. 32763
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	
(Florida stre	of address) f
New Registered Office Address:	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent;	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
\sim	/A·
Signature of New Re	rgistered Agent, if changing AUG 25 AUG 25

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	PT John l	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		JOHNROSS NUGENT	2231 ALTON RD
Add			DELTONA, FL.
Remove			32738
2) X Change	PD	ORATIO ROBINSON	1067 SHADICK
Add Ar	DRESS		OR. UNITE
Remove	NLY		ORANGE CITY,
3) Change			FL. 32763
Add			
Remove			
4) Change	PD_	ORATIO RUBINSON	2231 ALTON
Add	ODESS		RD. DELTOWA
Add Remove	ADDIES		FL, 32738
5) Change			
Add			
Remove			
6) Change	···········	-	
Add			
Remove			

Attach additional sheets, if necessary).	
	NIA
	<i>N</i> ///
 	
	
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an amendment provides for an exchorovisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and contained in the amendment itself:
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The date of each amendment(s) adoption: JUNE 22, 2017 , if other than the
date this document was signed.
Λ 1/A
Effective date <u>if applicable</u> : ////
(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 will not be listed as the document's effective date on the Department of State's records.
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):
"The number of votes cast for the amendment(s) was/were sufficient for approval
hv "
by
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 AUG. 22, 2017
Signature (DRA10)
(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)
DRATIO ROBINSON
(Typed or printed name of person signing)
PRESIDENT / DIRECTOR
(Title of person signing)