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COVER LETTER

TO: Amendment Section Division of Corporations

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Division of Corp	Artations			
NAME OF CORPO	C3 Edge, Inc.			
TV-V-SEIRALENCE NILIRA	P17000029801			
DOCUMENT NUM	DEK:			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Karl G. Bach			
		Name of Contact Persor	<u> </u>	
	C3 Edge, Inc.			
		Firm/ Company		
	901 SW Martin Downs Blvd			
		Address		
	Palm City, FL34990			
		City/ State and Zip Code	2	
kbae	thesq@gmail.com			
	-	sed for future annual report	notification)	
	·	·	·	
For further information	on concerning this matter, pleas	se call:		
Karl G. Bach		772 at (781-8898)	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	riment of State;	
\$35 Filing Fee	□\$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)	
	iling Address		Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	01
C3 Edge, Inc.	
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P17000029801	
(Documen	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corp	poration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
D. Estandard office address if continuing	AL T
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	
C. Enter new mailing address, if applicable:	·
(Mailing address MAY BE A POST OFFICE BOX)	
	., -
	
D. If amending the registered agent and/or registered	ed office address in Florida, enter the name of the
new registered agent and/or the new registered of	
Name of New Registered Agent	
THE	
	(Florida street address)
N. D. Com J.Com Allinois	PI: J.
New Registered Office Address:	(City) (Zip Code)

New Registered Agent's Signature, if changing Regist	
I hereby accept the appointment as registered agent. To	ain familiar with and accept the obligations of the position.
Signatu	ture of New Revistered 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	PT	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>Name</u>	<u>Addres</u> s	
1) Change	P	Michael Lindhurst	901 SW Martin Downs Blvd	
Add			Palm City, FL 34990	
XXX Remove				
2) Change	VP	Mathew Behrens	901 SW Martin Downs Blvd	
Add			Palm City, FL34990	
XXX Remove				
3) Change	VP	Jimmy Farach	901 SW Martin Downs Blvd	
			Palm City, FL 34990	
XXX Remove				
4) Change				
Add				
Remove				
5)Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
 	
	
	
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, andment if not contained in the amendment itself:
·	
	<u> </u>

The date-of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: (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) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	d(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):	rnent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	Algorian T
(voting group)	39 7 T
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	lder St. 10
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	30 (1
August 15, 2017	<u> </u>
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co-appointed fiduciary by that fiduciary)	
Karl G. Bach	
(Typed or printed name of person signing)	
Tourson signing)	+ Made
(Citle of person signing)	

*: ...