P17000032740

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COVER LETTER

TO: Amendment Section Division of Corporations -NAME OF CORPORATION: METAMORPHOZISE, INC. DOCUMENT NUMBER: P17000032740 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JENNIFER SMITH Name of Contact Person JENNIFER R. SMITH, P.A. Firm/ Company 301 YAMATO ROAD, SUITE 2195 Address BOCA RATON, FL 33431 City/ State and Zip Code JEN@SOUTHFLORIDA-CPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 997-6797

Area Code & Daytime Telephone Number JENNIFER SMITH Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

(Additional copy is

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

METAMORPHOZISE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000032740

(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 comment of the comm	corporation:			The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p." "Inc." or "Co"			<u>-</u> bbreviation
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET AD</u>				
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BO) D. If amending the registered agent and/or registered agent and/or the new registered	ered office address in I	Florida, enter the	SECRETAL SECRET FLORIDA name of the	TILME
Name of New Registered Agent	<u>.</u>			
	(Florida street addr	ess)		
New Registered Office Address:	(City)		, Florida(Zip (ode)
New Registered Agent's Signature, if changing Relative I hereby accept the appointment as registered agent.		l accept the obligat	tions of the position.	
Sign	nature of New Registers	rd 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 Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
4) Change Add		_		
Kemove				
5) Change	-	_		
Add				
Remove				
6) Change				
Add		_		
Remove				

f amending or adding additional Arti attach additional sheets, if necessary).	(Be specific)
<u> </u>	
	
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an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	_

	4/12/2017	
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)	
Note: If the date inserted in this block does a document's effective date on the Department of	not meet the applicable statutory filing requirements, this date's records.	ate will not be listed as the
Adoption of Amendment(s) (CF	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The number of votes cast for the amendment(approval.	s)
	ne shareholders through voting groups. The following statem g group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the ame	ndment(s) was/were sufficient for approval	
by	oting group)	
(vo	oting group)	
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without shareholder action and sharehold	er
The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	
04/12/2017 Dated		
Signature Manual	lu Amit	
selected, by an inc	sident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other coury by that fiduciary)	
JENNIFEI	R SMITH	
	(Typed or printed name of person signing)	
INCORPC	DRATOR/CPA	
	(Title of person signing)	