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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	olin Group, Inc.	
P17000038124 DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Michael J. Nolin		
	Name of Contact Person	
	Firm/ Company	
13383 Campus Drive		
Oakland, CA 94619	Address	
	City/ State and Zip Code	
mjnolin@hotmail.com		
E-mail address: (to be	e used for future annual report not	ification)
For further information concerning this matter, pl	lease call:	
Michael J. Nolin	510 at ()	755-3583
Name of Contact Person Area Code & D		& Daytime Telephone Number
Enclosed is a check for the following amount made	de payable to the Florida Departn	nent of State:
□ \$35 Filing Fee Certificate of Status		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Clifton Bu	nt Section f Corporations

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

The Michael Nolin Group, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P17000038124 (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," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am 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 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> <u>Jo</u>	hn Doe	
X Remove	<u>v</u> <u>M</u>	ike Jones	
X Add	<u>SV</u> Sa	lly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	DIR	Ray Brown	906 SE 11th Street
Add			Deerfield Beach, FL 33441
X Remove			
2) Change	SEC	Ray Brown	906 SE 11th Street
			Deerfield Beach, FL, 33441
Add X Remove			
3) Change	CFO	Ray Brown	906 SE 11th Street
Add			Deerfield Beach, FL 33441
X Remove			
4) Change			
, Add			
Remove			
5)Change			
Add			- <u></u> .
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessar	Articles, enter change(s) here: ry). (Be specific)	
		
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f an amendment provides for an e	exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the a	amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A	1)	
(if not applicable, indicate N/A	1)	
(if not applicable, indicate N/A	1)	
(if not applicable, indicate N/A		
(if not applicable, indicate N/A		
(if not applicable, indicate N/A		
(if not applicable, indicate N/A		
(if not applicable, indicate N/A		
(if not applicable, indicate N/A		
(if not applicable, indicate N/A		

August 17, 2016	
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 not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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	
by	
(voting group)	
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.	
August 17, 2018	
Dated	
K D	
Signature (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)	
Ray Brown	
(Typed or printed name of person signing)	
as DIR/SFC/CFO	
(Title of person signing)	