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CORPORATE CENTER CORP

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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: COIP	orste Certer Corp
DOCUMENT NUMBER: P 7 00	0041476
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this n	_
Furence	KRAKON
Corporpe	
1825 M	1. W- Company BUD Allo
Bocp Rr	Tun () 3743/
LAINBON	J Pot In Dil Con
E-mail address: (to be u	used for future annual report notification)
or further information concerning this matter, plea	ise call:
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Name of Contact Person	Area Code & Daytime Telephone Number
nclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$\sum \text{\$\sum \$\\$43.75 Filing Fee & Certificate of Status}\$	Certified Copy (Additional copy is enclosed) \$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	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



Articles of Amendment to

FILED

Articles of Incorporation

Corpoane	(July of	TAR	2018 SER 17	AM 5: 47
(Name of Corpor	ration as currently	filed with the I	lorida Dept. of State)	<u>OFSIAIL</u>
(Do	11476		-17-C	ULL. L
(Do	cument Number of	Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	rida Statutes, this F	lorida Profit Co	rporation adopts the fol	llowing amendment(s) t
A. If amending name, enter the new name of the	e corporation;			
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	ara ar ar ar	'a'' dissertant	or "incorporated" or national corporation name	The new the abbreviation must contain the
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.	<u>ble:</u> DDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E D. If amending the registered agent and/or regist new registered agent and/or the new registered	tered office address	s în Florida, en	er the name of the	
Name of New Registered Agent	a office auditess.			
				-
	(Florida street	address)		
New Registered Office Address:	(0.		, Florida	
	(Ci	<i>(y)</i>	· ·	Zip Code)
New Registered Agent's Signature, if changing Re hereby accept the appointment as registered agent.	egistered Agent: I am familiar with	and accept the d	obligations of the position	on.
Sign	nature of New Regi	stered Agent, if c	hanging	<u> </u>

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One) 1) Change	Title S	Lpho, Stontoro	Address 1827 N.H. Co.porte BLD # 110
Add Remove 2) Change Add	<u> </u>	Miles, Rpy	Bor RATION BOD BCD #110
Remove 3) Change Add	<u>V_</u>	REBECCA KRAKON	Boun Rotor, F) 3343) 1825 N.H. Cirport BLUD Allo
Remove 4) Change Add Remove			10CD, F) 33431
5) Change Add Remove	 -		
O) Change Add Remove			

	"necessary).	es, enter change(s) here (Be specific)			
	_ ,				
					
					
					
					 .
	 				
			 		
					
	 -				
					
an amendment provides f	or an exchan	e. reclassification or ca	ncellation of in-	_L	
		e, reclassification, or ca tent if not contained in t	ncellation of issued he amendment itsel	shares, f:	
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an amendment provides f rovisions for implementin (if not applicable, indica		e, reclassification, or ca	ncellation of issued he amendment itsel	shares, f:	

date this document was signed.	n:	, 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 dedocument's effective date on the Departme	oes not meet the applicable statutory filing requirements, this nt of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes east for the amendment for approval.	nt(s)
☐ The amendment(s) was/were approved be must be separately provided for each ve	by the shareholders through voting groups. The following state of the amendment (s):	emeni
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and sharehol	lder
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated	11-118	
Signature		
(By a director, p	resident or other officer - if directors or officers have not beer	
selected, by an	incorporator – if in the hands of a receiver trustee, or other not	urt
appointed fiduci	ary by that fiduciary)	
LPU	real KROKIN	
	(Typed or printed name of person signing)	
D ₁ -	crock.	
U	(Title of person signing)	<u></u>