## P17000042225

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
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(Do	cument Number)	<del></del>
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C. GOLDEN AUG 2 9 2017

## COVER LETTER

FULL DULY INC
NAME OF CORPORATION: FISH HUT INC.  DOCUMENT NUMBER: P17000042225
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
William Fox
Accurate Tax & Accting
11799 S US HWY 441
Belleview, Fa 34420
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
·
For further information concerning this matter, please call:
William Fox at 352, 245-9830
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
S35 Filing Fee Certificate of Status Certificate Opy (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment	
to Articles of Incorporation	FILEO
1) of	
Fish Hut Inc	2017 AUG 25 PM 1: 41
(Name of Corporation as currently filed with the Flori	da Dept, of State)
P17000042225	FALLAS SSSE FLORIDA
(Document Number of Corporation (if know	cn)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpor</i> its Articles of Incorporation:	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Prince Computer INC	
	The new
name must be distinguishable and contain the word "corporation," "company," or "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional word "chartered," "professional association," or the abbreviation "P,A,"	corporation name must contain the
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 new registered agent and/or the new registered office address:  Name of New Registered Agent William Fox.	the name of the
	11.15
11794 5 US HWY	441
(Florida street address)	<del>-</del>
New Registered Office Address: 13e/levi'ew	34420
New Registered Office Address: PSC/1201QW	Florida 344 20
(Giny)	(hip code)
Name Danistannal Anna-On Cina savara if the training Danistannal Anna-A	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the ob-	divations of the position
1	regument of the bounds.
$i \vdash i \land i \land j$	
Will tox	
Signature of New Registered Agent, if ch	anging

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 De	<u>oc</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change		_		
Add				<del></del>
Remove				
2) Change		_		
Add				
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change		<del>_</del>		
Add				
Remove				

(Muach <i>a</i> a	<mark>ling or adding addit</mark> Aditional sheets, if ne	cessary). (Be sp	ecific)	*		
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<u>If an ame</u>	endment provides fo ons for implementin	or an exchange, re	classification, or	cancellation of issu	<u>ied shares.</u>	
(if n	not applicable, indica	g the amendment ate N/A)	n not contained i	<u>a the amendment i</u>	tsen:	
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The date of each amendment(s) adoption: 8-15-20 /, if other than the
date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
<b>Note:</b> 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
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.
Dated8-15-17
Signature Saturds SATWINDER TUCKER  (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)
(Typed or printed name of person signing)
Prosident
(Title of person signing)