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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ACULTOX LINC.
DOCUMENT NUMBER: <u>P170000 43970</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ESITET Gros NEGRE  Name of Contact Person
Acuzox Inc
4621 Cason Cove Dr AP+ 1122
orland 0 Fl 32811
City/ State and Zip Code  La (OS VILa ( LO O O M OL) Com  E-mail address: to be used for future annual report notification)
For further information concerning this matter, please call:
ESINET Gros nearl at (3d) 3767106  Name of Contact Person at (3d) Area Code & Davime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  \$35 Filing Fee Certificate of Status    S43.75 Filing Fee Certified Copy (Additional Copy is enclosed)    S43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

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 Articles of Incorporation of

Acuzox Inc.					
(Name of Corpo	ration as currently	filed with the Florid	a Dept. of State)		
P17 t	1000 UB	970			
(De	ocument Number of (	Corporation (if known	1)		
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this $F$	lorida Profit Corpora	ation adopts the fol	llowing amendm	ent(s) to
A. If amending name, enter the new name of th	ie corporation:				
				The nev	• •
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered." "professional association," or	Corp, " "Inc, " or "C	o". A professional e		the abbreviation	n
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u> )					
					·-v-1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BON</u> )			W 16 P	TILED
				E, aLONDA	
D. If amending the registered agent and/or reg new registered agent and/or the new register		ss in Florida, enter t	he name of the	ŕ	
Name of New Registered Agent					
<del></del>	(Florida stree	ท address)			
New Registered Office Address:			, Florida		
	(0	City)		(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		ith and accept the obl	igations of the pos	ition.	
·					
<del></del>	Signature of New Re	vistered Avent if cha	ncine		

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 Doc		
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	Lead Shiyay	nanda :	5/64 PArk Central
_ <b>X</b> Add		rent-	fienc /	AKT 1731
Remove				Orlando FL 3283
2) Change				
Add				
Remove				
3 ) Change				
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5) Change				
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6) Change				<del></del>
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	icles, enter change(s) here: (Be specific)
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•	<u> </u>
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If an amendment provides for an exclusions 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)	Administration of the American Inch.
,	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 91) days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill 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 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.	
Dated 11 13 2017 Signature FAA Crosnep	
(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)	
ESTRET GROSNEGRE	
(Typed or printed name of person signing)	
CE O	
(Title of person signing)	