P17000046742

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Clade, Inc. DOCUMENT NUMBER: P17000046742 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Anthony Canalungo Name of Contact Person Clade, Inc Firm/ Company 2243 Christy Ln Address Oldsmar, FL 34677 City/ State and Zip Code acanalungo@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 412-4027
Area Code & Daytime Telephone Number Anthony Canalungo Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fcc & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327

> 2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

Clade, Inc.	
(Nume of Corporation as curren	ntly filed with the Florida Dept. of State)
P17000046742	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
	>
	50 0
C. Enter new mailing address, if applicable:	% ∞
(Mailing address MAY BE A POST OFFICE BOX)	N/A
	50
D. If amending the registered agent and/or registered office ad	
new registered agent and/or the new registered office addre	<u>:SS:</u>
Name of New Registered Agent N/A	
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.	
Thereby decept the approximent as registered agent. I am jamina	r and 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.

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)	<u>Title</u>	<u>Name</u>	<u>e</u>		<u>Addres</u> s
1) Change	COO	Dani —	el Segundo		109 Alerche Dr.
Add					Los Gatos, CA 95032
X Remove					
2) Change		.			
Add					·
Remove					
3) Change					
Add					
Remove			,		
4) Change			-	<u></u>	
Add					· · · · · · · · · · · · · · · · · · ·
Remove					
5) Change		.			
Add					
Remove					
6) Change					
Add					
Remove					

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
N/A	
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and in the amendment itself:
N/A	

	8/15/17	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	15/17	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	, , , , , , , , , , , , , , , , , , ,	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will no Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	=
	(voting group)	2 7
	dopted by the board of directors without shareholder action and shareholder	FILED PH 2:
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	M 2: 5
8/15/17 Dated		- o
Signature	Mary Control of the C	
(By a selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Anthony Canalungo	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	-