## P11000 052 309

| (Requestor's Name)                      |
|---|
| (Address)                               |
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| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (December 1)                            |
| (Document Number)                       |
| ertified Copies Certificates of Status  |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR   | ATION: NEW AGE PERF                         | ORMACE CORP  | · · · · · · · · · · · · · · · · · · ·  |  |  |  |
|--|---|--|--|--|--|--|
| DOCUMENT NUMB  | P17000052309                                |  |  |  |  |  |
| The enclosed Articles of   | of Amendment and fee are su                 | bmitted for filing.  |  |  |  |  |
| Please return all corres   | pondence concerning this ma                 | tter to the following:   |  |  |  |  |
|  |   | DAYAN PADRON BLA   | NCO  |  |  |  |
| -  | Name of Contact Person                      |  |  |  |  |  |
|  | NEW AGE PERFORMACE CORP                     |  |  |  |  |  |
| -  | Firm/ Company                               |  |  |  |  |  |
|  | 13325 NW 47TH AVENUE                        |  |  |  |  |  |
| -  |   | Address  |  |  |  |  |
|  | OPALOCKA FLORIDA 33054                      |  |  |  |  |  |
| -<br>-   | City/ State and Zip Code                    |  |  |  |  |  |
|  | NEWAGI                                      | EPERFORMANCE89@GM  | IAIL.COM   |  |  |  |
|  | E-mail address: (to be us                   | sed for future annual report                                       | notification)  |  |  |  |
|  | concerning this matter, please              | se call:<br>786  | 290-6256   |  |  |  |
|  |   | at (   | _)   |  |  |  |
| Name o   | f Contact Person                            | Area Coc   | le & Daytime Telephone Number  |  |  |  |
| Enclosed is a check for  | the following amount made                   | payable to the Florida Depa  | rtment of State:   |  |  |  |
| □ \$35 Filing Fee  | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy in enclosed) | ■\$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |  |  |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |   | Amendi<br>Division<br>Clifton<br>2661 E:                           | Address ment Section n of Corporations Building Necutive Center Circle ssee, FL 32301              |  |  |  |

## Articles of Amendment to Articles of Incorporation of

|   | tly filed with the Florida Dept. of State)   |  |  |  |
|---|--|--|--|--|
| P1700005230   | ()-)   |  |  |  |
| (Document Number of   | of Corporation (if known)  |  |  |  |
| fursuant to the provisions of section 607,1006. Florida Statutes, this s Articles of Incorporation:   | s Florida Profit Corporation adopts the following amendment(s  |  |  |  |
| . If amending name, enter the new name of the corporation:  |  |  |  |  |
| NEW AGE PERFORMANCE CORP  | The new  |  |  |  |
| ame must be distinguishable and contain the word "corporation<br>Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or<br>word "chartered," "professional association," or the abbreviation | on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |  |  |  |
| Enter new principal office address, if applicable:  | 13325 NW 47TH AVENUE   |  |  |  |
| Principal office address <u>MUST BE A STREET ADDRESS</u> )  | OPALOCKA FLORIDA 33054 € . ~~  |  |  |  |
|   | <u> </u>   |  |  |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 13325 NW 47TH AVENUE   |  |  |  |
|   | OPALOCKA FLORIDA 33054   |  |  |  |
|   | <u> </u>   |  |  |  |
|   |  |  |  |  |
| <ul> <li>If amending the registered agent and/or registered office adores</li> <li>new registered agent and/or the new registered office addres</li> </ul>  | fress in Florida, enter the name of the  |  |  |  |
|   | fress in Florida, enter the name of the  |  |  |  |
| new registered agent and/or the new registered office address   | fress in Florida, enter the name of the  |  |  |  |
| new registered agent and/or the new registered office addres  Name of New Registered Agent  | fress in Florida, enter the name of the  |  |  |  |
| new registered agent and/or the new registered office addres  Name of New Registered Agent  | Iress in Florida, enter the name of the  |  |  |  |

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.

| Nuke Jones, V as Remove Example: | , and Sai    | iy Smith, S | SV as an Add. |             |                 |
|----------------------------------|--------------|-------------|---------------|-------------|-----------------|
| X Change                         | <u>PT</u>    | John Do     | <u>e</u>      |             |                 |
| X Remove                         | <u>V</u>     | Mike Jor    | nes           |             |                 |
| X Add                            | <u>SV</u>    | Sally Sm    | <u>nith</u>   |             |                 |
| Type of Action<br>(Check One)    | <u>Title</u> |             | <u>Name</u>   |             | <u>Addres</u> s |
| 1) Change                        |              | _           |               |             |                 |
| Add                              |              |             |               |             |                 |
| Remove                           |              |             |               |             |                 |
| 2) Change                        |              | ***         |               |             |                 |
| Add                              |              |             |               |             |                 |
| Remove                           |              |             |               |             |                 |
| 3 ) Change                       |              | _           |               | <del></del> | <del></del>     |
| Add                              |              |             |               |             |                 |
| Remove                           |              |             |               |             |                 |
| 4) Change                        |              | <u></u>     |               |             |                 |
| Add                              |              |             |               |             |                 |
| Remove                           |              |             |               |             |                 |
| 5) Change                        |              | _           |               |             |                 |
| Add                              |              |             |               |             |                 |
| Remove                           |              |             |               |             |                 |
| б) Change                        |              | _           |               |             |                 |
| Add                              |              |             | -             |             |                 |
| Remove                           |              |             |               |             |                 |

| f amending or adding additional Art<br>Attach additional sheets, if necessary). |   |
|---|---|
| RRECTION TO THE BUSINESS NA   | AME PLEASE CORRECT THE NAME ON THE ARTICLES TOO             |
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|   | change, reclassification, or cancellation of issued shares, |
| provisions for implementing the am<br>(if not applicable, indicate N/A)         | nendment if not contained in the amendment itself:          |
| (if not applicable, marcait 1977)   |   |
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| The date of each amendment(s) ad ate this document was signed.         | option:  | , if other than the                        |
|--|--|--|
| Effective date if applicable:  |  |  |
|  | (no more than 90 days after amendment file a   | late)                                      |
| Note: If the date inserted in this bocument's effective date on the De | ock does not meet the applicable statutory filing requiren partment of State's records.  | nents, this date will not be listed as the |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |  |
| The amendment(s) was/were ado by the shareholders was/were suffers.    | oted by the shareholders. The number of votes cast for the ficient for approval.   | amendment(s)                               |
|  | roved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amend   |  |
| "The number of votes cast  | or the amendment(s) was/were sufficient for approval   |  |
| by   |  |  |
|  | (voting group)   |  |
| ☐ The amendment(s) was/were ado action was not required.               | pted by the board of directors without shareholder action as   | nd sharehofder                             |
| ☐ The amendment(s) was/were ado action was not required.               | pted by the incorporators without shareholder action and sh  | areholder                                  |
| 11/12/2<br>Dated   | 2019   |  |
| •  | rector president or other officer – if directors or officers ha  |  |
| selected   | rector president or other officer – if directors or officers had by an incorporator – if in the hands of a receiver, trustee, and fiduciary by that fiduciary) |  |
|  | DAYAN PADRON BLANCO  |  |
|  | (Typed or printed name of person signing)  |  |
|  | PRESIDENT  |  |

(Title of person signing)