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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR			XOTIC EVERT CENTER IN	10
DOCUMENT NUMB	BER:	200604	90	
The enclosed Articles	of Amendment and tee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	iter to the following:		
	STAI	Name of Contact Person	Egarde	
	<u>.</u>	Firm/ Company		
	2138 Bric	TGEVIEW C	ir	
	aula d	Address	2211	
	2138 Bric Orlando	City/ State and Zip Code	<u> </u>	
	E-mail address: (to Que	<u>UILAUNE</u> € sed for future annual report	Motmuil. Com notification)	
For further information	concerning this matter, pleas	se call:		
Stanley Name o	Bellegarde of Contact Person	- at (<u>516</u> Area Co	1 <u>308 - 8970</u> de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made			
\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ling Address ndment Section		Address ment Section	
	nument Section sion of Corporations		ment section in of Corporations	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

BARBANCOURT EXOTIC EVENT CENTER INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000060490

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

A. A. Same must be distinguishable and contain the world "Corp.," "Inc.," or Co.," or the designation "Corp. cord "chartered," "professional association," or the	p." "Inc," or "Co". A professione	"incorporated" of il corporation name	The new the abbreviation must contain the
3. <u>Enter new principal office address, if applicable</u> Principal office address <u>MUST BE A STREET ADD</u>			
2. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>)X</u>)		20111101 27 P
If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent		r the name of the	3. S.
	(Florida street address)		
		, Florida	
New Registered Office Address:	(City)		(Zip Code)

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: <u>X</u> Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1) Change	VP	REYMOLO	BANON	2138 BridgeVIEW C OHLANDY FL 32824
Add				OHLANDY FL 32824
Remove				
2) Change				4818
Add				
Remove				
3 + Change				
Add				
Remove				
4) Change		-		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additions	d Articles, enter change	<u>(8) here</u> :		
, (Attach addinonal sheets, if neces:	ary). (Be specific)			
N/A				
/				
	-			
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		<u> </u>		
		····-		
F. If an amendment provides for a	n archanga raelarrificat	ian ar cancallation a	fice and charm	
provisions for implementing th	<u>e amendment if not con</u> t	ained in the amendm	ent itself:	
(if yo t applicable, indicate N	ZA)			
N/A				
		· · · · · · · · · · · · · · · · · · ·		
•				

The date of each amendment(s) addate this document was signed.	option:	if other than th
Effective date <u>if applicable</u> :		
<u></u>	(no more than 90) days after amendment file date)	
Note: If the date inserted in this b document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as th
Adoption of Amendment(s)	(CHECK,ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	oted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement cach voting group entitled to vote separately on the amendment(s):	1
"The number of votes east	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder action and shareholder	
Dated ///	3/2017	
rated_7/		
Signature		
(By a di selected	rect/r, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court	
appoint	ed fiduciary by that fiduciary)	
	Staulier Billeconde	
-	(Typed or printed name of person signing)	
	Will area do d	
	VICE PIENUENI	