## Pnoons

| (Req                                    | uestor's Name)   |           |  |
|-----------------------------------------|------------------|-----------|--|
| bbA)                                    | ress)            |           |  |
| (Add                                    | ress)            |           |  |
| (City                                   | /State/Zip/Phone | e #)      |  |
| PICK-UP                                 | ☐ WAIT           | MAIL      |  |
| (Bus                                    | iness Entity Nan | ne)       |  |
| (Document Number)                       |                  |           |  |
| Certified Copies                        | Certificates     | of Status |  |
| Special Instructions to Filing Officer: |                  |           |  |
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JAN 0 5 2019 S. YOUNG

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORPOR                                                                                 | ATION: LUCKY DUCKLI                        | NG COMPUTERS INC                                                  |                                                                                        |
|------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| DOCUMENT NUMB                                                                                  | ER: P17000078009                           | ·                                                                 |                                                                                        |
|                                                                                                | of Amendment and fee are su                | ibmitted for filing.                                              |                                                                                        |
| Please return all corres                                                                       | oondence concerning this ma                | tter to the following:                                            |                                                                                        |
|                                                                                                | IOHN MURPHY                                |                                                                   |                                                                                        |
| <del>-</del>                                                                                   | <del>-,</del>                              | Name of Contact Person                                            | 1                                                                                      |
|                                                                                                | ACCURATE TAX AND AC                        | COUNTING                                                          |                                                                                        |
| -                                                                                              |                                            | Firm/ Company                                                     |                                                                                        |
|                                                                                                | 11799 SE US HWY 441                        | · ·····                                                           |                                                                                        |
| •                                                                                              |                                            | Address                                                           |                                                                                        |
|                                                                                                | BELLEVIEW FL 34420                         |                                                                   |                                                                                        |
| -                                                                                              |                                            | City/ State and Zip Cod                                           | e                                                                                      |
| ווממ                                                                                           | EVIEWTAX@YAHOO.CO                          | λı                                                                |                                                                                        |
|                                                                                                | _                                          | sed for future annual report                                      | notification)                                                                          |
|                                                                                                | iz-man address. (to be di                  | sed for fatore annual report                                      | notification)                                                                          |
| For further information                                                                        | concerning this matter, pleas              | se call:                                                          |                                                                                        |
| JOHN MURPHY                                                                                    |                                            | at ( <sup>352</sup>                                               | 307-0015                                                                               |
| Name o                                                                                         | f Contact Person                           | Агса Со                                                           | de & Daytime Telephone Number                                                          |
| Enclosed is a check for                                                                        | the following amount made                  | payable to the Florida Depa                                       | artment of State:                                                                      |
| ■ \$35 Filing Fee                                                                              | □S43.75 Filing Fee & Certificate of Status | □S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |                                            | Amend<br>Divisio<br>Clifton                                       | Address Iment Section on of Corporations Building xecutive Center Circle               |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## LUCKY DUCKLING COMPUTERS INC.

| LUCKT DUCKLING COMPUTERS INC                                                                                                                                                      |                                               |                                                       |                                               |                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------|-----------------------------------------------|-------------------|
| (Name of Corp                                                                                                                                                                     | oration as currently filed with the           | Florida Dept. of State)                               |                                               |                   |
| P17000078009                                                                                                                                                                      |                                               |                                                       |                                               |                   |
| (1)                                                                                                                                                                               | Document Number of Corporation (in            | f known)                                              |                                               |                   |
| Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:                                                                                                  | lorida Statutes, this <i>Floridu Profit</i> ( | Corporation adopts the following                      | owing amendme                                 | ent(s)            |
| A. If amending name, enter the new name of t                                                                                                                                      | the corporation:                              |                                                       |                                               |                   |
|                                                                                                                                                                                   | <del></del>                                   |                                                       | <del></del>                                   |                   |
| name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o                                        | Corp," "Inc," or "Co". A profes.              | " or "incorporated" or the sional corporation name in | The new the abbreviation the abbreviation the | 1                 |
| B. Enter new principal office address, if appli<br>(Principal office address MUST BE A STREET                                                                                     |                                               |                                                       |                                               |                   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE  D. If amending the registered agent and/or renew registered agent and/or the new registered.) | gistered office address in Florida,           | enter the name of the                                 | 18<br>33.0<br>7488                            |                   |
|                                                                                                                                                                                   | ered office address.                          |                                                       |                                               | - <del>-</del> -, |
| Name of New Registered Agent                                                                                                                                                      |                                               |                                                       | C 20                                          |                   |
|                                                                                                                                                                                   |                                               |                                                       | <u></u>                                       |                   |
|                                                                                                                                                                                   | (Florida street address)                      |                                                       | H.                                            | $\Box$            |
| New Registered Office Address:                                                                                                                                                    | (Circl)                                       | , Florida                                             | <u> </u>                                      |                   |
|                                                                                                                                                                                   | (City)                                        | •                                                     | Emp. Colle)                                   |                   |
| New Registered Agent's Signature, if changing<br>I hereby accept the appointment as registered ag                                                                                 |                                               | the obligations of the positi                         | on.                                           |                   |
|                                                                                                                                                                                   | 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) | Title     | <u>Name</u>         | <u>Addres</u> s        |
| !) Change                  | S         | ERIK CHARLES STROFE | 8890 SW 96TH ST UNIT A |
| X Add                      |           |                     | OCALA FL 34484         |
| Remove                     |           |                     | ·                      |
| 2) Change                  |           |                     |                        |
| Add                        |           |                     | <del></del>            |
| Remove                     |           |                     |                        |
| 3 ) Change                 |           |                     |                        |
| Add                        |           |                     |                        |
| Remove                     |           |                     |                        |
| 4) Change                  |           |                     |                        |
| Add                        |           |                     |                        |
| Remove                     |           |                     |                        |
| 5) Change                  |           |                     |                        |
| Add                        |           |                     |                        |
| Remove                     |           |                     |                        |
| 6) Change                  |           |                     |                        |
| Add                        |           | <del></del>         |                        |
| Remove                     |           |                     |                        |
| Kemove                     |           |                     |                        |

| If amending or adding additional Art Attach additional sheets, if necessary). | (Be specific)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |
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| f an amendment provides for an excl                                           | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |
| (if not applicable, indicate N/A)                                             | and the state of t |              |
|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |
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|                                                                    | NOVEMBER 26TH 2018                                                                                                                                                                                      |                     |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| The date of each amendment() date this document was signed.        | s) adoption:                                                                                                                                                                                            | , if other than the |
|                                                                    | 11/26/2018                                                                                                                                                                                              |                     |
| Effective date if applicable:                                      |                                                                                                                                                                                                         |                     |
|                                                                    | (no more than 90 days after amendment file date)                                                                                                                                                        |                     |
| Note: If the date inserted in the document's effective date on the | his block does not meet the applicable statutory filing requirements, this date will not Department of State's records.                                                                                 | ot be listed as the |
| Adoption of Amendment(s)                                           | (CHECK ONE)                                                                                                                                                                                             |                     |
| ☐ The amendment(s) was/were by the shareholders was/wer            | adopted by the shareholders. The number of votes cast for the amendment(s) te sufficient for approval.                                                                                                  |                     |
|                                                                    | approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):                                                      |                     |
| "The number of votes of                                            | east for the amendment(s) was/were sufficient for approval                                                                                                                                              |                     |
| by                                                                 | (voting group)                                                                                                                                                                                          |                     |
| •                                                                  | (voting group)                                                                                                                                                                                          |                     |
|                                                                    | adopted by the board of directors without shareholder action and shareholder                                                                                                                            |                     |
| The amendment(s) was/were action was not required.                 | adopted by the incorporators without shareholder action and shareholder                                                                                                                                 |                     |
| NOVEI<br>Dated                                                     | MBER 26TH 2018                                                                                                                                                                                          |                     |
|                                                                    |                                                                                                                                                                                                         |                     |
| Signature                                                          | In The                                                                                                                                                                                                  |                     |
| (By                                                                | a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |                     |
|                                                                    | SATWINDER TUCKER                                                                                                                                                                                        |                     |
|                                                                    | (Typed or printed name of person signing)                                                                                                                                                               |                     |
|                                                                    | PRESIDENT                                                                                                                                                                                               |                     |
|                                                                    | (Title of person signing)                                                                                                                                                                               |                     |