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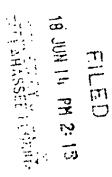
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: LORD APPLIANCE	TE INC	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
	JACK MURPHY		
-		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
BELL	EVIEWTAX@YAHOO.CO	M	
	E-mail address: (to be us	sed for future annual report	notification)
For further information JACK MURPHY	concerning this matter, pleas		307-0015
Name o	f Contact Person	ar (Area Co	307-0015 de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
■ \$35 Filing Fee	☐\$43.75 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)
Ame Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amenc Divisic Clifton 2661 I	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

LORD APPLIANCE INC. (Name of Corporation as currently filed with the Florida Dept. of State) P17000079029 (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 its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

A CALL OF THE STATE OF THE STAT

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: \underline{X} Change	<u>PT</u>	John Doe	·			
X Remove	$\underline{\mathbf{V}}$	Mike Jone	<u> </u>			
X Add	<u>sv</u>	Sally Smit	<u>.h</u>			
Type of Action (Check One)	<u>Title</u>	7	<u> Earne</u>		<u>Addres</u> s	
1) Change	D	J	OSEPH LISTORT		733 SE 3RD ST	
X Add		_		_	OCALA FL 34471	
Remove						
2) Change				_		
Add						_
Remove						_
3) Change				_		_
Add						_
Remove						_
4) Change				_		_
Add						
Remove						_
5) Change				_		
Add						_
Remove						
6) Change			 	_		_
Add						_
Remove						

r <u>11 amei</u> (Attach	nding or adding additional Articles, enter change(s) here; additional sheets, if necessary).— (Be specific)
F. <u>If an a</u> provis (į	mendment provides for an exchange, reclassification, or cancellation of issued shares, sions for implementing the amendment if not contained in the amendment itself: f not applicable, indicate $N(A)$

Effective date if applicable: **Ino more than 90 days after amendment file date)* **Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. **Adoption of Amendment(s)** (**CHECK ONE**) 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	The date of each amendment(s) adoption:	, if other than t
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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 Signature OS/15/2018 Dated (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		vent
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DESTINIE BUCHMAN	DESTINIE BUCHMAN	
(Typed or printed name of person signing)	(Typed or printed name of person signing)	
VICE PRESIDENT	VICE PRESIDENT	

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(Title of person signing)