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COVER LETTER

TO: Amendment Section

Division of Corporations D INTERNATIONAL GODS, INC NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ICC Harris @ 30Devg(PB), Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person at (407), 955-1621

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$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) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

20 1 7 2 11 10	F 26 / 0
ST INTERNATIONAL	HOUS INC
	filed with the Florida Dept. of State)
Y 170000879	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> ts Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "C vord "chartered," "professional association," or the abbreviation "I	To". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	915 SANOLALLE RO
Principal office address <u>MUST BE A STREET ADDRESS</u>)	915 SAND CALLE RD Altamoure Spances, FL 32714
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	915 SAND Lake 20 ALTAMONTO SPRINGS, FL 32704
-	Althornate Springs of 27761
If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent Clouwell	TAKUS
915 Altanon	E SPANGS, PL 32714
New Registered Office Address: ATRACONTE	Spring 5. Florida 32714 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar w	
, Orange	SF 21
Signature of New Re	rgistered Agent, if changing
	· · · · · · · · · · · · · · · · · · ·
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	•

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	pres Percy Say!	# 104 Sunstand Land
Add	,	# 104
X Remove		Altamonto Springs, FL 3271
2) Change	Pers Cromwell H	
Add		ALTAMONTE SPRINGS, PL 32714
Remove	VP Crowell HAM	145 1631 Sunsthine La
Add		576 104
Remove		Altamonte Sp.
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

. If amending or adding additional Articles, enter change(s) here:		
(Attach addition	nal sheets, if necessary). (Be specific)	
. / ^		
_MA		
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		•
If an amendm	ent provides for an exchange, reclassification, or cancellation of issued shares,	
provisions fo	implementing the amendment if not contained in the amendment itself:	
(if not ap _i	olicable, indicate N/A)	
Λ/Δ		
- M		
.,		

The date of each amendment(s) adoption:	, if other than the
Effective date <u>if applicable</u> : (no more than 90 days after amendment file days after a mendment f	
tho more than 90 days after amenament file do	ne)
Note: If the date inserted in this block does not meet the applicable statutory filing requirem document's effective date on the Department of State's records.	ents, this date will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amenda.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action actio	
action was not required.	
Dated	
Signature Allows	
(By a director, president or other officer – if directors or officers has	
selected, by an incorporator – if in the hands of a receiver, trustee, c appointed fiduciary by that fiduciary)	or other court
Cronwell Hames	
(Typed or printed name of person signing)	
DRESIDENT	
(Title of person signing)	