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R. WHITE NOV 21 2017 FILED 17 NOV 20 PM I2: 12

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CORMA, INC.				
DOCUMENT NUMBER: P17000089523					
The enclosed Articles	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	Gerson Hernandez				
		Name of Contact Person	1		
	General Corporate Services II	nc.			
	Firm/ Company 829 W. Palmdale Blvd #689				
		Address	· · · · · · · · · · · · · · · · · · ·		
	Palmdale CA 93551				
		City/ State and Zip Cod	e		
gerso	on@companiesinc.com				
	E-mail address: (to be us	ed for future annual report	notification)		
For further information	on concerning this matter, please	e call:			
Gerson Hernandez		at (<u>661</u>	310 2823		
Name	of Contact Person	Area Co	de & 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 & 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		Street	Address		
Am	endment Section	Amend	ment Section		
	ision of Corporations		on of Corporations		
	. Box 6327		Building		
l ai	lahassee, FL 32314	2001 E	xecutive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED 17 NOV 20 PH 12: 12

Corma, Inc.	SECTE LAF Y OF SINE		
(Name of Corporation as curren	ttly filed with the Florida Dept! of State)		
P17000089523			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Florida Statutes, thi its Articles of Incorporation:	s 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 "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	699 Brandon Prescott Lane		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Unit 109		
	West Palm, Beach FL 33401		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	699 Brandon Prescott Lane		
	Unit 109		
	West Palm, Beach FL 33401		
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre			
Name of New Registered Agent			
(Florida s	street address)		
New Registered Office Address:	, Florida(City) (Zip Code)		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familian			
r nervoy accept the appointment as registered agent. I am familial	- жин ана ассері іне оонданові ој те розінов.		
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 = Président; 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 Do	<u>c</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change	-	_		
Add				
Remove				
4) Change				
Add		_		
Remove				
<i>C</i> 1				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Auach <i>aaditional sheets, if ni</i>	tional Articles, ent ecessary). (Be sp	<u>ecific)</u> ecific)	<u>r</u>		
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If an amendment provides f	for an exchange, r	eclassification, or	cancellation of iss	sued shares.	
provisions for implementing	ig the amendment	if not contained	in the amendment	itself:	
(if not applicable, indica	ate N/A)				
		-			•
		<u> </u>			
					-
•					
		· 			

The date of each amendment(s) adoption:late this document was signed.	, if other than the
<u> </u>	
Effective date if applicable:	after amendment file date)
Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	er of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vomust be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were suffic	cient for approval
by(voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors withou action was not required.	t shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sha action was not required.	reholder action and shareholder
11/14/2017 Dated	
Signature	
Signature (By a director, president or other officer – if selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	
Bob Lambert	
(Typed or printed name o	f person signing)
Incorporator	
(Title of perso	on signing)