P11000092298

		
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Amendice

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: GLOBAL INNOVAT	ION LABS INC	
DOCUMENT NUMBE	P17000092298		
		te-clies	
	f Amendment and fee are subm		
Please return all corresp	ondence concerning this matter	to the following:	
;	SHARON THIBAULT		
-		Name of Contact Person	
-		Firm/ Company	
	7070 TAFT STREET	<u> </u>	
		Address	
	HOLLYWOOD, FL 33024		
		City/ State and Zip Code	
stepa	57@aol.com		
	E-mail address: (to be use	d for future annual report r	ottication)
For further information	n concerning this matter, please	e call:	
Sharon Thibault		954	967-8200 de & Daytime Telephone Number
	of Contact Person	Area Co	de & Daytime Telephone Number
	or the following amount made p	payable to the Florida Depa	artment 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)
Ai Di P.	ailing Address mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amen Divisi Clifto 2661	Address dment Section on of Corporations n Building Executive Center Circle nassee, FL 32301

Articles of Amendment to Articles of Incorporation of

GLOBAL INNOVATION LABS INC (Name of Corporation as currently filed with the Florida Dept. of State) P17000092298 (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: , Florida, (City) 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

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>PT</u>	John Doe	
X Change			
X Remove	<u>V</u>	Mike Jones	
\underline{X} Add	<u>sv</u>	Sally Smith	
Type of Action	Title	<u>Name</u>	<u>Addres</u> s
(Check One)	VP	NITISH KAPUR	17323 S.W. 32 LANE
1) Change			MIRAMAR, FL 33029
X Add			
Remove			
2) Change			
Add			
Remove			
3) Change	· ·-		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
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Add			
Remove			

	ticles, enter change(s) here: (Be specific)	
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If an amendment provides tot an ex	mendment if not contained in the amendment	
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	NOVEMBER 22, 2017	
be date of each amendment(s)	adoption:	, if other than th
ate this document was signed.		
ffective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in this locument's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	ıt(s)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	men!
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
bv	(voting group)	
<u> </u>	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareho	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
NOVE	MBER 22, 2017	
Signature	MI KAME	
(By	a director, president or other officer – if directors or officers have not be cted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	en :ourt
	VIKAS KAPUR	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	