

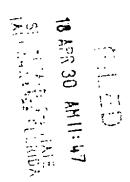
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R. WHITE MAY 03 2018

## **COVER LETTER**

Division of Corporations DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Contact Person Firm/ Company For further information concerning this matter, please call: Name of Contact Person 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)

## Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to

FILED

Articles of Incorporation of

18 APR 30 AH II: 47

Pryme Innovation inc	SE F. THE SECTION AND
(Name of Corporation as currently filed with	the Florida Dept. of State)
P11000045017	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Prof</i> its Articles of Incorporation:	it Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "compan "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A proj word "chartered," "professional association," or the abbreviation "P.A."	y," or "incorporated" or the abbreviation essional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address in Florida new registered agent and/or the new registered office address:	enter the name of the
<del></del>	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	
(City)	, Florida
V97	(Zip Code)
ew Registered Agent's Signature, if changing Registered Agent: sereby 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 = Vicc President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	7	JonChavez	
Add			
X_ Remove			
2) Change			
Кетюче			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
ກ Change			
Add	_ <del>_</del>		
Remove			

(Attach additional sheets, if necessary).	cles, enter change (Be specific)			
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an amendment provides for an exchange	ios manhanifi di			
	nge, reclassification	n, or cancellation	of issued shar	es.
	ige, reclassification ment if not contain	n, or cancellation ned in the amend	of issued shar ment itself:	<u>es.</u>
an amendment provides for an exchanorovisions for implementing the amend  (if not applicable, indicate N/A)	<u>lge, reclassificatio</u> ment if not conta	n, or cancellation ned in the amend	of issued shar ment itself:	<u>cs.</u>
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an amendment provides for an exchan provisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification	n, or cancellation ned in the amend	of issued shar ment itself:	cs.
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	ec, reclassification	n, or cancellation ned in the amend	of issued shar ment itself:	es <u>.</u>
	ec, reclassification	n, or cancellation	of issued shar ment itself:	es,

The date of each amendment(s) adoption: 4 27 2018  date this document was signed.  , if other the	on the
Effective date if applicable:	
(no 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 document's effective date on the Department of State's records.	as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 east 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 shareholder action was not required.  The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature  (By a director, president or other officer – if directors or officers have not been selected by an increase of the selected by an increase of th	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
Peesident (Title of person signing)	