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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: XVALUE, VVH1 INC. DOCUMENT NUMBER: 001-2018
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DEBORAH DEGILETS Name of Contact Person 1326 CIRCLE DRIVE
Address
TAUAHASSEE FLORIDA 3230 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DEBORAH DESILETS at (305), 310.6331 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

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Arti	icles of Incorporation	CH ED
	of	FILED
\vee	A 1	Harida 1901 of State)
(Name of Corporation a	s currently filed with the b	Torida Dept. of State
P1.70	000 95 180	SECRETARY OF STATE ALLAHASSEE, FLORID
(Document	Number of Corporation (if k	(nown)
Pursuant to the provisions of section 607.1006, Florida States at Incorporation:	atutes, this Florida Profit Co	rporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:	
VVA A INC		The new
name must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp." "word "chartered," "professional association," or the abb	'Inc,'' or "Co". A profession	or "incorporated" or the abbreviation onal corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	<u> </u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi Name of New Registered Agent		enter the name of the
	(Florida street address)	
V . D	•	Placific
New Registered Office Address:	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I am	ered Agent:	
	NA	
Signatu	re 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)

Example:

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.

X_Change	PT	John Doe		
X Remove	Y	Mike Jones		
X Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	1.70	<u>Addres</u> s
1) Change			N/A	
Add				
Remove				
2) Change				
Add				·
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

amending or adding additional A tach additional sheets, if necessary,). (Be specific)				
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an amendment provides for an e provisions for implementing the a	<u>xchange, reclassif</u> mendment if not o	ication, or cancell contained in the a	nendment itself:	nares,	
(if not applicable, indicate N/A)				
n:					
			.		
	_				
				<u> </u>	

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	·)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirement attment of State's records.	ts, this date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amicient for approval.	endment(s)
must be separately provided for e	oved by the shareholders through voting groups. The following ach voting group entitled to vote separately on the amendme	
"The number of votes east for	or the amendment(s) was were sufficient for approval	
by $\bigvee \bigvee A$. 1	
	(voting group)	
☐ The amendment(s) was/were adopaction was not required.	ted by the board of directors without shareholder action and	shareholder
The amendment(s) was/were adopt action was not required. Dated 5	oted by the incorporators without shareholder action and share $\mathcal{V} = \mathcal{V} + \mathcal{V} + \mathcal{V}$	eholder
Signature		<i>'</i>
selected	ector, president or other officer – if directors or officers have, by an incorporator – if in the hands of a receiver, trustee, or a fiduciary by that fiduciary)	
-	DEBORAH DEG (LET (Typed or printed name of person signing)	<u> </u>
-	FIZES IDENT ((Title of person signing)	