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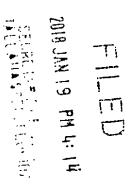
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PICK-UP	☐ WAIT	MAIL	
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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

,

NAME OF CORPORATION:	ARECOMME!C	KTAWAYS INC	
	000095545		-
The enclosed Articles of Amendm	ent and fee are sul	bmitted for filing.	
Please return all correspondence co	oncerning this mat	ter to the following:	
THOMA	S E ALBANY		
DISCOL	INT GETAW	Name of Contact Pers	on
5243 S I	NOVA ROAD	Firm/ Company	
PORT C	RANGE FL	Address 32127	
		City/ State and Zip Co	de
ADMIN@DIS	COUNTGET	AWAY.NET	
E-mail	address: (to be us	ed for future annual repo	rt notification)
For further information concerning	this matter, pleas	e call:	
THOMAS ALBANY		386 at (852-0318
Name of Contact P	erson	Area C	Ode & Daytime Telephone Number
Enclosed is a check for the following	ng amount made p	payable to the Florida De	partment of State:
	75 Filing Fee & ficate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassec, FL	tion orations	Ame Divis Clifte	et Address Indiment Section Indion of Corporations Indion Building Executive Center Circle

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of

\Box	ISCOL	INT	GET	ΔM	ΔYS	INC
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(Name of Corporation as currently	filed with the Florida Dept. of State)
P17000095545	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The _new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Coword "chartered," "professional association," or the abbreviation ".	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A P T
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
Name of New Registered Agent THOMAS ALBANY	
5243 S NOVA ROA	AD
(Florida str	eet address)
New Registered Office Address: PORT ORANGE	, Florida_32127
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar v Signature of New R	in the control of the position. With and accept the obligations of the position. Segistered 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.

X Change	PT	John Doe			
X Remove	$\underline{\mathbf{V}}$	Mike Jones			
X Add	<u>SV</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	Р	BRIAN CAMPBELL	413 N YONGE ST		
Add			ORMOND BEACH FL 32174		
⊀ Remove					
2) Change	P	THOMAS ALBANY	5243 S NOVA ROAD		
_ ⊀ _ Add			PORT ORANGE FL 32127		
Remove					
3) Change					
Add					
Remove			<u> </u>		
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Chanca					
6) Change					
Add					
Remove					

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	ttach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
provisions for implementing the amendment if not contained in the amendment itself:		
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	if not applicable, indicate N/A)	
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	(if not applicable, indicate N/A)	
	(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days a	fier amendment file date)
Note: If the date inserted in this block does not meet the applicable stadocument's effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders. The numbe by the shareholders was/were sufficient for approval.	r of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voi must be separately provided for each voting group entitled to vote sep	ing groups. The following statement arately on the amendment(s):
"The number of votes cast for the amendment(s) was/were suffic	
by(voting group)	<u> </u>
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without sha action was not required.	reholder action and shareholder
Dated JANUARY 12, 2018	
Signature Marro	
(By a director, president or other officer - if	directors or officers have not been
selected, by an incorporator – if in the hands appointed fiduciary by that fiduciary)	of a receiver, trustee, or other court
THOMAS E ALBANY	
(Typed or printed name o	f person signing)
PRESID EN T	
(Title of perso	on signing)