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PICK-UP	☐ WAIT	MAIL
		
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

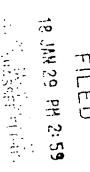




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Johnson

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: 2 PLUS OF FLORIDA, INC. DOCUMENT NUMBER: P18000002147 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LAWRENCE SHIPMAN Name of Contact Person SHIPMAN, SHAIKEN & SCHWEFEL, LLC Firm/ Company 433 SOUTH MAIN STREET, #319 Address WEST HARTFORD, CT 06110 City/ State and Zip Code larry@shipmanlawet.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (860) 606-1702

Area Code & Daytime Telephone Number LAWRENCE SHIPMAN 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** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

2 PLUS OF FLORIDA, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P18000002147 (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: (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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	<u>S</u>	MARK.SHIPMAN	
Add			
Remove			
2) Change	D	DAVID FABRICATORE	
Add			
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		-	
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
	 	
		
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- -		
If an amendment provides for an exchange that the same time time the same time time time time time time time ti	nange, reclassification, or cancellation of issued shares, and and an analysis of the anison of itself:	
(if not applicable, indicate N/A)	nament it not contained in the amendment usen:	
7		
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JANUARY 23, 2018 The date of each amendment(s) adoption:		
date this document was signed.	s) adoption	, if other than th
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date we Department of State's records.	fill not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
DatedSignature	ARY 23.2018	
	a director, president of other officer - if directors or officers have not been	
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court	
арр	pointed fiduciary by that fiduciary)	
	MARK SHIPMAN	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	