P18000003457

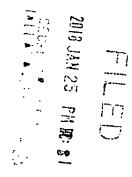
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: Go-For Diggers,	Inc.	
DOCUMENT NUM	P18000003457		
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Daryl Coggin		
		Name of Contact Perso	n
	Go-For Diggers Inc		
		Firm/ Company	
	915 Kentucky Blvd		
		Address	
	Eustis FI 32726		
		City/ State and Zip Cod	e
Gof	ordiggersinc@gmail.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Daryl Coggin		407 at (840-9882
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)
An Dir P.C	niling Address mendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Go-For Diggers, Inc.				
(Name of Corporation as curre	ently filed with the Florida Dept. of St	ate)		
P18000003457				
(Document Number	er of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his <i>Florida Profit Corporation</i> adopts t	he following	g ameno	iment(s) to
A. If amending name, enter the new name of the corporation:				
			The	
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviatio	r "Co". A professional corporation n	or the al	_The i bbreviai contain	tion
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 <u>MAY BE A POST OFFICE BOX</u>)			2018 JAN 2	_ _ <u></u>
			ST PST 摩	- <u>C</u>
D. If amending the registered agent and/or registered office as new registered agent and/or the new registered office addr		<u>ne</u>		
Name of New Position 1.4				
(Florida	street address)			
New Registered Office Address:	, Floric	ia		_
	(City)	(Zip C	.ode)	
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		e position.		
(Florida New Registered Office Address: New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	(City)	(Zip C	?ode)	_

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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	T	Michael Brigance	1179 Foxforrest Circle
X Add			Apopka FI 32712
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change		·	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Pamoue			· · · · · · · · · · · · · · · · · · ·

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
,	
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·
<u></u>	

	01/23/2018	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	•	
	1/23/2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date with Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) 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):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
01/23/20	018	
DatedSignature	Dary Coyin	
	a director, president or other officer - if directors or officers have not been	
	cted, by an incorporator if in the hands of a receiver, trustee, or other court	
арро	pinted fiduciary by that fiduciary)	
	Daryl Coggin	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	