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SECRETARY OF THE SECRETARY

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TION: CLOUDCANAR	Y, INC		
DOCUMENT NUMBER	t:P18000004803			
The enclosed Articles of A	Amendment and fee are su	abmitted for filing.		
Please return all correspon	ndence concerning this ma	tter to the following:		
	Manue	el Elaraj		
		Name of Contact Perso	n	
	Cloudca	inary Inc		
		Firm/ Company		
	1695 Cinn	amon Ln		
		Address		
	Dunedin, I	FL 34698		
		City/ State and Zip Coo	le	
	melarai@	gmail.com		
-		sed for future annual report	t notification)	
For further information co	-		4_)918_5418	
Name of C	ontact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check for the	e following amount made	payable to the Florida Dep		
\$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)	
Mailing Address 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 Articles of Incorporation of

CLOUDCANARY, INC			
(Name o	f Corporation as currently	filed with the Florida Dept. of Stat	<u>e</u>)
P18000004803			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	NA	The new
name must be distinguishable and cont. "Corp.," "Inc.," or Co.," or the designe word "chartered." "professional associat	ution "Corp," "Inc." or "C	Co". A professional corporation nam	or the abbreviation
B. Enter new principal office address, i (Principal office address MUST BE A ST			
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O		N/A	TILTO
D. If amending the registered agent and new registered agent and/or the new		ess in Florida, enter the name of the	<u>5</u>
Name of New Registered Agent	Manuel Elaraj		
	1695 Cinnamon Ln		
	(Florida stre	et address)	
New Registered Office Address:	Dunedin	. Florida	34698
	(City)	(Zip Code)
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		ith and accept the obligations of the p	osition.
	Signature of New Re	gistered 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	Y	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			
Add			
Remove			
2) Change			
Add			
Remove		\times /\	
3) Change			
		- W	
Add		\	
Remove			·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		-	
_ Remove			<u> </u>

	if necessary).	(Be specific)			
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		v			
	s for an exchan ting the amend	ge, reclassification, o ment if not contained	r cancellation of iss in the amendment	ued shares, itself:	
an amendment providerovisions for implementations				<u>_</u>	
an amendment provid rovisions for impleme (if not applicable, in	dicate N/A)				
an amendment provid rovisions for impleme (if not applicable, in	dicate N/A)				
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an amendment provid provisions for impleme (if not applicable, in	dicate N/A)	Alt-			
an amendment provid provisions for impleme (if not applicable, in	dicate N/A)	NIK			
an amendment provid provisions for impleme (if not applicable, in	dicate N/A)	NH			

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 after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Department of State's records.	I not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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.	
Dated 05/09/2018	
Signature(By a director/president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Manuel Elaraj	
(Typed or printed name of person signing)	
President	
(Title of person signing)	