

| (Requestor's Name) | |
|--|---|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: Recewed emnil on 6/19/2018 correction Page 4 of 4-officer Director Signature | 9 |
| St | |

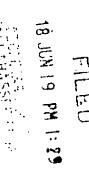
Office Use Only



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May 9, 2018

ROSANNA FUKUNAGA BOUNCE PLAY LOVE INC. 13323 SW 44TH STREET MIRAMAR, FL 33027

SUBJECT: BOUNCE PLAY LOVE INC.

Ref. Number: P18000007594

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II

www.sunbiz.org

Letter Number: 818A00009538

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: BOUNCE PLAY | LOVE INC. | |
|--|--|---|--|
| DOCUMENT NUMB | ER: | | |
| | f Amendment and fee are su | bmitted for filing. | |
| Please return all corresp | oondence concerning this ma | tter to the following: | |
| | ROSANNA FUKUNAGA | | |
| _ | <u> </u> | Name of Contact Perso | n |
| | BOUNCE PLAY LOVE INC | | |
| - | | Firm/ Company | |
| | 13323 SW 44TH STREET | Time Company | |
| - | | Address | |
| | MIRAMAR, FL | , | |
| - | | City/ State and Zip Cod | e |
| | N | | |
| ROSA | NNA.FUKUNAGA@GMA | IICOM sed for future annual report | <u>/</u> _ |
| For further information | concerning this matter, pleas | | 850-8841 |
| | DSANNA FUKUNAGA at (678 850-8841 Area Code & Daytime Telephone | |) Continue Talanhara Nambara |
| | the following amount made | | |
| S35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □S43.75 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 | | Ameno Divisio Cliftor | Address Innent Section on of Corporations n Building Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| BOUNCE PLAY LOVE INC. | | | |
|---|--------------------------------|---------------------------------------|------------------------------|
| (Name | of Corporation as current | ly filed with the Florida Dept. of St | ate) |
| P18000007594 | | | |
| | (Document Number o | of Corporation (if known) | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | 7.1006, Florida Statutes, this | Florida Profit Corporation adopts t | he following amendment(s) to |
| A. If amending name, enter the new n | ame of the corporation: | | |
| | <u> </u> | | The new |
| name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associa | nation "Corp," "Inc," or | 'Co". A professional corporation n | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 13323 SW 44TH STREET | |
| | | MIRAMAR, FL 33027 | 9 (G) |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | 三 製 三 型 |
| | | 13323 SW 44TH STREET | TEND PR |
| | | MIRAMAR, FL 33027 | - |
| | | | |
| D. If amending the registered agent ar | nd/or registered office addi | ress in Florida, enter the name of th | <u> </u> |
| new registered agent and/or the ne | w registered office address | <u>:</u> | |
| Name of New Registered Agent | ROSANNA FUKUNAGA | · | |
| | 13323 SW 44TH STREET | Γ | |
| | (Florida str | eet address) | |
| New Registered Office Address: | MIRAMAR | , Florid | 33027 |
| | | (City) | (Zip Code) |

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) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | VP | JOE, NORMA I | 6161 PORTSMOUTH LANE |
| Add | | | DAVIE, FL 33331 |
| X Remove | | | |
| 2) X Change | Р | FUKUNAGA, ROSANNA | 13323 SW 44TH STREET |
| Add | _ | | MIRAMAR, FL 33027 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| f amending or adding additional Arti attach additional sheets, if necessary). | (Be specific) | | |
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| an amendment provides for an exch | ange, reclassification, or ca | ncellation of issued share | <u>s.</u> |
| rovisions for implementing the ame | ndment if not contained in | the amendment itself: | |
| (if not applicable, indicate N/A) | | | |
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| | APRIL 11, 2018 | |
|--|--|-------------------------|
| The date of each amendment | | , if other than the |
| date this document was signed | APRIL 11, 2018 | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in document's effective date on t | this block does not meet the applicable statutory filing requirements, this date with the Department of State's records. | Il not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/we by the shareholders was/we | re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval. | |
| The amendment(s) was/we must be separately provide | re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes | s cast for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| £ ^x | (voting group) | |
| The amendment(s) was/we action was not required. | re adopted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder | |
| APRI Dated | L 11, 2018 | |
| Signature | , 2 ii | |
| (F | By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court provinted fiduciary by that fiduciary) | |
| | NORMA JOE | |
| | (Typed or printed name of person signing) | |
| • | VP | |
| | (Title of person signing) | |