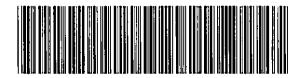
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C. GOLDEN JUN 2 0 2018

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corpo	rations		
NAME OF CORPOR	ATION: 5ha	Reprinters. Co	om Inc.
DOCUMENT NUMB	er:P180	000/6204	
The enclosed Articles of	of Amendment and fee are su	ubmitted for filing.	
Please return all corresp	condence concerning this ma	atter to the following:	
	Je	annelle M	Rodniquez
-		 Name of Contact Perso 	n
	Shane	printers.c	on Inc.
-		Firm/ Company	
	103 Nu	0 15th P	1
-		Address	
	Pom par	no Beach . F	-C 33060
-		City/ State and Zip Cod	e
	- /	(P 1/2 1	0.00 0
	E-mail address: (to be us	& Fullcolo sed for future annual report	RPR. COM
	E-man address. (to be di	sed for future annual report	notrication)
For further information	concerning this matter, pleas	se call:	
Teanne He 1	n. Rodriguez	at (561	927-9200 de & Daytime Telephone Number
Name of	Contact Person	Area Co	de & Daytime Telephone Number
	the following amount made p		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address		Address
	dment Section on of Corporations		ment Section
Divisi	on or corporations	Divisio	n of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment . to Articles of Incorporation of

FILED

	2019 JUN 18 PM 12: 53
	theu with the riorida Dept. of State)
Shareprinters (Document Number of	Com Inc. PISOSEGRED STATE
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	Fullcolorpe Corp. The most
name must be distinguishable and contain the word "corporation "Corp" "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	The Same
,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15838 76th Rd N. Loxahatchee, FC 33470
	Loxahatchee, FC 33470
D. If amending the registered agent and/or registered office addresses	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	N/A
	H/A
(Florida stre	et address)
New Registered Office Address:	N/A et address) N/A Florida N/A
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
	/ ^
Signature of New Re	N/A
MODULE OF STATES	ONTREAL ROOM IT CHONOUNG

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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		<u>Heidi M. Rodniguez</u>	103 NW 15th P1
Add			Pompano Beach, Fl
Remove			33060
2) Change	CEO	John Onassis	103 NW 15th Pl Pempano Beach, Fl
Remove			33060
3) Change		N/A	
Add		•	
Remove			
4) Change		N/A	
Add			
Remove			
5) Change		M/A	
Add			
Remove			
6) Change		M/A	
Add		•	
Remove			

Attach additional sheets, if necessary). (Be spe	cific)	1.	
		N/A	
		/	
			
		_	
			
		·	
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			_
			
			_
			
	-		
f an amendment provides for an exchange, rec provisions for implementing the amendment it	lassification, or of	cancellation of issues the amondment is	ed shares,
(if not applicable, indicate N/A)	not contamed in	the amendment n	iseii.
			N/A
			N/A
			_
			

·	N/A	, if other than the
late this document was signed.	·	, it odict than the
_	N/A	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	·/
Note: If the date inserted in this block do document's effective date on the Departme	oes not meet the applicable statutory filing requiremen nt of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the am for approval.	endment(s)
	by the shareholders through voting groups. The following group entitled to vote separately on the amendme	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	H/A	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and s	ihareholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and share	holder
Dated 6/1	4/2018	
Signature Learn	ette n. Rodriguz	
(by/a director,	president or other officer – it directors or officers have	
	incorporator – if in the hands of a receiver, trustee, or cleary by that fiduciary)	other court
	TeanneHe m. Rodrigo (Typed or printed name of person signing)	1e2
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	