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| <u></u> | ☐ WAIT | , MAIL | | |
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| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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C. GOLDEN KAR 1 6 2010

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: SANCHRIS INC | | |
|--------------------------|---|---|--|
| DOCUMENT NUMB | | | |
| | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | pondence concerning this ma | tter to the following: | |
| | FRANKLIN THOMAS | | |
| - | | Name of Contact Pers | on |
| | SANCHRIS INC | | |
| - | | Firm/ Company | |
| | 4646 PARMA COURT | | |
| • | | Address | |
| 1 | ORLANDO FLORIDA 3281 | 1 | |
| - | | City/ State and Zip Co | de |
| LARK | @MFSIGROUP.COM | | |
| | _ | sed for future annual repo | rt notification) |
| | ` | • | • |
| For further information | concerning this matter, pleas | se call: | |
| LARK JAGGON | | 407 | 521-9098 |
| Name o | f Contact Person | at (Area C | 521-9098 Code & Daytime Telephone Number |
| | | | |
| Enclosed is a check for | the following amount made | payable to the Florida De | partment of State: |
| 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 | | | et Address |
| | ndment Section sion of Corporations | | ndment Section sion of Corporations |
| | Box 6327 | | on Building |
| | hassee, FL 32314 | | Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SANCHRIS INC

2018 *** 15 P 4: 19

to

| (Name of Corporation as | currently filed with the Florida Dept. of State) |
|---|--|
| P18000017158 | |
| (Document i | Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation: | utes, this Florida Profit Corporation adopts the following amendment(s |
| A. If amending name, enter the new name of the corpor | ration: |
| NA | The new |
| | orporation," "company," or "incorporated" or the abbreviation nc," or "Co". A professional corporation name must contain the eviation "P.A." |
| P. Enter new principal office address if applicables | NA |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u> | <u></u>) |
| | · |
| | |
| C. Enter new mailing address, if applicable: | NA |
| (Mailing address MAY BE A POST OFFICE BOX) | IVA |
| | |
| | |
| | |
| If amending the registered agent and/or registered of new registered agent and/or the new registered office | |
| Name of New Registered Agent NA | |
| Nume of New Registerea Agent | |
| | Florida street address) |
| | · |
| New Registered Office Address: | , Florida |
| | |
| | |
| New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am | |
| Thereo, accept the appointment as registered agents Tan | yamman mana accept the conganity con the former. |
| | |
| | |
| Siynature | 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 | P | LARK D JAGGON | 4646 PARMA COURT |
| Add | | | ORLANDO FLORIDA 32811 |
| X Remove | | | |
| 2) Change | P | FRANKLIN THOMAS | 4646 PARMA COURT |
| X Add | | | ORLANDO FL 32811 |
| Remove | | | |
| 3)Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | <u> </u> |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| (1) | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | cles, enter change(s (Be specific) | | | | |
|---|---------------------------------------|-------------------------|------------------|-------------|------|
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| it an amendment brovides for an exch | ange, reclassification | on, or cancellatio | n of issued shar | <u>·es,</u> | |
| If an amendment provides for an exch provisions for implementing the ame | <u>ndment if not conta</u> | unea in <u>the amen</u> | dinent itsen. | | |
| provisions for implementing the ame (if not applicable, indicate N/A) | ndment <u>if not co</u> nta | uned in the amen | ament usen. | | |
| provisions for implementing the ame | ndment if not conta | uned in the amen | dinent usen. | | |
| provisions for implementing the ame | ndment if not conta | ined in the amen | ument usen. | | |
| provisions for implementing the ame | ndment if not conta | ined in the amen | ument usen. | | |
| provisions for implementing the ame: | ndment <u>if not co</u> nta | ined in the amen | ument usen. | | |
| provisions for implementing the ame: | ndment if not conta | ined in the amen | | | |
| provisions for implementing the ame: | ndment if not conta | ined in the amen | ument usen. | | |
| provisions for implementing the ame: | ndment if not conta | ined in the amen | ument usen. | | |

| The date of each amendment(s) adop date this document was signed. | tion: | | , if other than the |
|--|--------------------------------|--|------------------------------|
| Effective date if applicable: | | | |
| | (no more than 90 | days after amendment file date) | |
| Note: If the date inserted in this bloc document's effective date on the Depar | | ble statutory filing requirements, this da | te will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | |
| ☐ The amendment(s) was/were adopte by the shareholders was/were suffic | | number of votes cast for the amendment(s | s) |
| | | igh voting groups. The following statement ote separately on the amendment(s): | nt |
| "The number of votes cast for | | · · | |
| by | (voting group) | ··· | |
| | (voting group) | | |
| ☐ The amendment(s) was/were adopte action was not required. | d by the board of directors w | vithout shareholder action and shareholde | er E |
| The amendment(s) was/were adopte action was not required. | d by the incorporators witho | out shareholder action and shareholder | |
| 03/12/2018 | / | | |
| Dated Signature | Shwall | | |
| (By a directed, b | tor, president or other office | er – if directors or officers have not been hands of a receiver, trustee, or other cour | |
| | Lark | lac60N | |
| | (Typed or printed na | ame of person signing) | |
| PR | ESIDENT | | |
| | (Title of | f person signing) | |