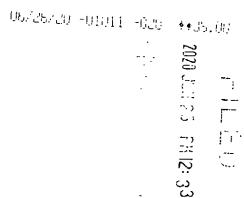
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: Space Balloon Tec	hnologies Corp.		
DOCUMENT NU		<del></del>		
The enclosed Artic	cles of Amendment and fee are su	bmitted for filing.		
Please return all co	orrespondence concerning this ma	tter to the following:		
	Dr. Pradeep Shinde			
		Name of Contact Person	1	
	Space Balloon Technologies	Согр.		
		Firm/ Company	<del> </del>	
	11140 SW 154th Ct	, mile company		
	· · · · · · · · · · · · · · · · · · ·	Address		
	Miami, FL 33196			
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e	
	pradeep.shinde@spaceloon.c	om		
	· · · · · · · · · · · · · · · · · · ·	sed for future annual report	notification)	
For further inform Pradcep Shinde	ation concerning this matter, plea	se call:	613 6709	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a chec	k for the following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fe	e S43.75 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Space Balloon Technologies corp.

Space Balloon Technologies corp.			
( <u>Name o</u>	f Corporation as current	lly filed with the Florida Dept. of State)	
		of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following	ig amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			_The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co".	"company," or "incorporated" or the abbreviati A professional corporation name must contain "	on "Corp., in the word
B. Enter new principal office address.		N/A	
(Principal office address <u>MUST BE A S</u>	IKE <u>E I ADDKESS</u> )		<u></u>
		•	023
C. Enter new mailing address, if applicable:		N/A	2,
(Mailing address <u>MAY BE A POST</u> )	OFFICE BOX		- D
			<del>- 2</del>
			F11/2: 38
D. If amending the registered agent an new registered agent and/or the new	v registered office addre	ss:	
Name of New Registered Agent	Dr. Pradeep Shinde		
	11140 SW 154th Ct		
	(Florida s	street address)	_
New Registered Office Address:	Miami	33196 , Florida	
1		(City) (Zip	Code)
New Registered Agent's Signature, if o			
Thereby accept the approximent an region	tered agent. I am familian	<i>P</i> -	
	aligh		
	y w		_
	Signature of New	Registered Agent, if changing	
Check if applicable			

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

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>	Name	<u>Addres</u> s
1) X Change	PCEO	Dr. Pradeep Shinde	11140 SW 154th Ct
Add			Miami, FL 33196
Remove			
2) Change	P	Annie Barahona	11140 SW 154th Ct
Add			Miami, FL 33196
X Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			
R PMOVA			

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	lassifisatis	n or concellat	ion of issued	chares	
n amendment provides for an exchangovisions for implementing the amend	nent <u>if not conta</u>	ined in the am	endment itsel	<u>f:</u>	
(if not applicable, indicate N/A)					
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The date of each amendment(s) adopti date this document was signed.	on:, if other that
Effective date if applicable:	
	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requirements, this date will not be listed nent of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	d by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	ne amendment(s) was/were sufficient for approval
by	(voting group)
June 22nd, 2020 DatedSignature	<del></del>
(By a director selected, by	or, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)
Dr.	Pradeep Shinde
_	(Typed or printed name of person signing)
VP	
	(Title of person signing)

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