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SECRETARY OF STATE TALLAHASSEE, FL

R. WHITE SEP 0.5 2018

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORAT	TION: <u>IS land</u>	STREAN IL	WEST 16 ATTONS, INC
DOCUMENT NUMBER	" <u>P18000</u> 0	25199	
The enclosed Articles of A	Imendment and fee are su	bmitted for filing.	
Please return all correspon	ndence concerning this mat	ter to the following:	
	I stand S Po B	Name of Contact Person Tream I Mule Firm/ Company Dy 501192 Address City/ State and Zip Code	rstigations Inc.
_ <i>j\$</i> /	E-mail address: (to be us	stigations 5 ged for future annual report	1499 gmail, con
For further information co	oncerning this matter, pleas	e call:	
Elizabeth Name of C	Simoria Contact Person	at (<u>\$/4</u> Area Coo) 450-4656 de & Daytime Telephone Number
Enclosed is a check for the	e following amount made p	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendi	Address nent Section n of Corporations	Amend	Address ment Section n of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

FILED

Articles of Incorporation of

2018 AUG 30 AM 8: 32

Island Stream Inves	High SECRETARY OF STATE
· 6	
P 180∞0 3 519 (Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	
A. <u>If amending name, enter the new name of the corporation:</u>	
	The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	<u> 50178 600</u>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	Lake Mary, FL 32744
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent 6/5 Crescent (Florida st	reet address) M
New Registered Office Address: Lake Mad	M. Florida 32746 f(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Signature of New A	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	PT	John Do	<u>ıe</u>		
X Remove	<u>v</u>	Mike Jo	nes	Ma	
X Add	<u>sv</u>	Sally Sn	nith	MIL	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change		_			
Add					
Remove					
2) Change		_		 	
Add					
Remove					
3) Change		_		 	
Add					
Remove					
4) Change		_		·	
Add					
Remove					
5) Change					
Add		_			
Remove					
6) Change					
Add		_			
Remove					

	rts, if necessary). (Be	e specific)			
	<u>=</u>		_		
				/ -	
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			7	_	
- - 					
	_				
an amendment pro	vides for an exchang	<u>e, reclassification,</u>	or cancellation o	f issued shares,	
rovisions for imple	menting the amendm	<u>ient if not containc</u>	<u>d in the amendn</u>	ent itself:	
(if not applicable	, indicate N/A)				
			nla_		
			n/a_		
			n/a		
			_n/a		
			_n/a		
			_n/a		
,			_n/a		
			_n/a		
			_n/a		

The date of each amendment(s) adoption:	n/a	, if other than the
date this document was signed.	/	
Effective date if applicable:	nla	
(no	more than 90 days after amendment file date)	
Note: If the date inserted in this block does not medocument's effective date on the Department of State'		this date will not be listed as the
Adoption of Amendment(s) (CHECK	ONE)	
☐ The amendment(s) was/were adopted by the shareh by the shareholders was/were sufficient for approv		lment(s)
☐ The amendment(s) was/were approved by the share must be separately provided for each voting group		
"The number of votes cast for the amendmen	at(s) was/were sufficient for approval	
by	(<u>a</u>	
(voting gr	roup)	
☐ The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action and shareholder	reholder
The amendment(s) was/were adopted by the incorpaction was not required.	porators without shareholder action and sharehol	der
Dated <u>ANGUAL 27</u> Signature <u>Elizyabelh</u>	2018	
Signature Plunabeth	V. Dimarion	
(By a diffector, president of	or other officer – if directors or officers have not	
selected, by an incorpora appointed fiduciary by th	tor – if in the hands of a receiver, trustee, or others fiduciary)	er court
appointed fiduciary by in	(a) reducting)	
Eliza.	beth T. Simonian	
(Турес	d or printed name of person signing)	
	President	
	(Title of person signing)	