P18000029443

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COVER LETTER

TO: Amendment Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF CORPORATION:	RANKHAUS INC	<u>. </u>				
NAME OF CORPORATION:	1800002944	3				
The enclosed Articles of Amendment and						
Please return all correspondence concerni	ing this matter to the following:					
	ANDREAS HEUS					
	Name of Contact Person					
	CKANK HAUS I	NC				
CRANK HAUS INC Firm/ Company						
2α	OCRANDON BLUD Address	SUITE 107				
	Address					
Kŧ	BIS CANE F City/ State and Zip Cod	L 33149				
	City/ State and Zip Cod	e				
AN	DREASGODANY	HALV NET				
ANDREAS @ CRANK HAUS, NET E-mail address: (to be used for future annual report notification)						
		,				
For further information concerning this m	notter place call-					
tot tardier infortization concerning this it	iatter, prease can.					
ANDREAS HEI	SET at (305 Area Co	606 4710				
Name of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amo						
<u> </u>	_					
\$35 Filing Fee S43.75 Filing Certificate	ng Fee & \$\square\$\$\$ \$\square\$\$ \$43.75 Filing Fee & Certified Copy	☐\$52.50 Filing Fee Certificate of Status				
Certificate	(Additional copy is	Certificate of Status Certified Copy				
	enclosed)	(Additional Copy				
		is enclosed)				
Mailing Address	Street	Address				
Amendment Section		Amendment Section				

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of the figure
CRANKHAUS INC
(Name of Corporation as currently filed with the Florida Dept. of State) [2] 12: 134
11000021445
(Document Number of Corporation (if known) フィートリート というできる (大きな)
cursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:
. If amending name, enter the new name of the corporation:
The new
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the ord "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
). If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent
200 CRANDON BLVD SUITE 107 (Florida street address)
New Registered Office Address: KEY BISCAYNE, Florida 33149
(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:
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.

Mike Jones, V as Remove Example:	, and Sal	lly Smith, S	SV as an Add.	
X Change	PT	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>vith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_	 	
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add		_		
Remove				
				
4) Change				
Add				
Remove				4
5) Change		_		
Add				
Remove				
6) Change				
Add				111
Remove				

ttach additional sheets, if necessary).	(Be specific)			
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tt				
an amendment provides for an exch provisions for implementing the ame	ange, reclassificati	ion, or cancellati	on of issued shar	res.
(if not applicable, indicate N/A)	nument ii not cont	amed in the ame	nument usen.	
				<u> </u>
			, , , , , , , , , , , , , , , , , , , ,	

The date of each amendment(s) adoption:late this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	<u> </u>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, to document's effective date on the Department of State's records.	his date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amenda by the shareholders was/were sufficient for approval.	ment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following st must be separately provided for each voting group entitled to vote separately on the amendment(s)	atement :
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	
Signature (By a director, president or other officer – if directors or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
ANDREAS HEUSER	
(Typed or printed name of person signing)	
ONNER	
(Title of person signing)	