## P18000059023

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SECRETARY OF STATE

R. WHITE

AUG 3 1 2018

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: XENDOM INC. DOCUMENT NUMBER: P18 0000 59023 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MANJESH MUTHAPPA
Name of Contact Person XENOOM IMMIGRATION INC. Firm/ Company 111 NORTH DRANGE AVENUE, SUTTE 800, ORLANDO, FL 32801, USA E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MANJESH MUTHAPPA at (407), 228 3393

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: 43.75 Filing Fee & □\$43.75 Filing Fee & □ \$35 Filing Fee □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

2018 AUG 27 AM 11: 29

(Name of Corporation as currently	filed with	the Florida	BGILLO OF STATE
P18p0	00 5	9023	TALLAHASSEE. FL
(Document Number of			
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	Horida Pro	ofit Corporat	ion adopts the following amendment(s'
A. If amending name, enter the new name of the corporation:			
XENOOM IMMIGRATION ING, name must be distinguishable and contain the word "corporation."			The new
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	.o". A pr	any," or "in vofessional co	corporated" or the abbreviation rporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	_ N	A	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N	A	
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ess in Flor	ida, enter th	e name of the
Name of New Registered Agent	N	A	
			•
tFlorida stree	et address)		
New Registered Office Address:	City)		, Florida (Zip Coder
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent.—I am familiar wi	ith and ac	cept the oblig	ations of the position.
Signature of New Re	gistered A	gent, if chang	ging

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: XChange	<u>PT</u>	John Doc			
X Remove	Y	Mike Jones		N/A	
X Add	<u>sv</u>	Sally Smith		,	
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					
Kemove				17.00	-
5) Change					
Add					
Remove					_
6) Change					
Add			· ————		_
Remove					

ttach <i>additt</i>	or adding additi onal shects, if ned	essary). (i	s, enter change( Be specific)	<u>s) nere</u> :			
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an amendi	nent provides fo	r an exchans	ge, reclassificati	on, or cancella	tion of issued s	shares,	
(if not a	or implementing pplicable, indicat	tne amenar e N/A)	<u>nent it not cont:</u>	ained in the an	<u>iendment_itselt</u>	<u>:</u>	
			N/A				
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The date of each amendment(s) adoption: $ \frac{08 / 15 / 2018}{\text{date this document was signed.} } $	, if other than the
Effective date if applicable: 08 15 2018  (no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"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 shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Manjesh H.	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MANJESH MUTHAPPA	
(Typed or printed name of person signing)	<del></del>
PRESIDENT: (Title of person signing)	
(Title of person signing)	