## P18000064791

| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Zodiacs Slides Incorporated
P18000064791

| NAME OF CORPO                          | RATION:                                     | прогасс                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |
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| DOCUMENT NUM                           | BER: P18000064791                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |
| The enclosed Articles                  | s of Amendment and fee are sul              | bmitted for filing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                        |
| Please return all corre                | espondence concerning this mat              | ter to the following:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        |
|                                        | Joseph T. Cyrius                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |
|                                        |                                             | Name of Contact Persor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1                                                                                      |
|                                        | Bagnall & Bagnall                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |
|                                        | <del></del>                                 | Firm/ Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <del></del>                                                                            |
|                                        | 2450 Hollywood Blvd. #710                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |
|                                        | <del></del>                                 | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |
|                                        | Hollywood, FL 33020                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |
|                                        |                                             | City/ State and Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8                                                                                      |
| ham                                    | nalltaxes@aol.com                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |
| —————————————————————————————————————— | •                                           | sed for future annual report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | notification)                                                                          |
|                                        | D man address, (to be as                    | a con total of the control of the co | ,                                                                                      |
| For further information                | on concerning this matter, pleas            | se call:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |
|                                        | • · · • · · · · · · · · · · · · · · · ·     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |
|                                        |                                             | at (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | )                                                                                      |
| Name                                   | of Contact Person                           | Area Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | de & Daytime Telephone Number                                                          |
| Enclosed is a check t                  | for the following amount made               | payable to the Florida Depa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | artment of State:                                                                      |
| ■ \$35 Filing Fee                      | □\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|                                        | ailing Address nendment Section             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address<br>Iment Section                                                               |

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

Zodiacs Slides Incorporated

2018 AUG 29 PM 1: 29

| (Nama                                                                                                                                                                               | of Common tions                                   |                                                                    | 11 1. Zg                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------|
| P18000064791                                                                                                                                                                        | or Corporation as curren                          | uy med with the Florida D                                          | rept. of State) URL FARY OF STATE                                      |
|                                                                                                                                                                                     | (Document Number                                  | of Corporation (if known)                                          | TALLARASSEE, FL                                                        |
| Pursuant to the provisions of section 607 its Articles of Incorporation:                                                                                                            | 1006, Florida Statutes, this                      | S Florida Profit Corporation                                       | a adopts the following amendment(s) to                                 |
| A. If amending name, enter the new na                                                                                                                                               | ime of the corporation:                           |                                                                    |                                                                        |
| Zodiac Slides Incorporated                                                                                                                                                          |                                                   |                                                                    |                                                                        |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa                                                                | ation "Corp." "Inc." or                           | "Ca" A professional core                                           | The new proporated" or the abbreviation paration name must contain the |
| B. Enter new principal office address, (Principal office address MUST BE A S                                                                                                        | if applicable:<br>TREET ADDRESS )                 |                                                                    |                                                                        |
| C. Enter new mailing address, if appliance (Mailing address MAY BE A POST)  D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent | <u>OFFICE BOX</u> )<br>d/or registered office add | lress in Florida, enter the r                                      | name of the                                                            |
|                                                                                                                                                                                     | (Florida si                                       | rcet address)                                                      |                                                                        |
| New Registered Office Address:                                                                                                                                                      | Hollywood                                         |                                                                    | , Florida 33021                                                        |
|                                                                                                                                                                                     |                                                   | (City)                                                             | (Zip Code)                                                             |
| New Registered Agent's Signature, if c I hereby accept the appointment as regist                                                                                                    | ered agent. I am familiar                         | t:<br>with and accept the abligati<br>Registered Agent, if changin |                                                                        |

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:<br>X Change       | <u>PT</u>    | John Doc         |                     |
|----------------------------|--------------|------------------|---------------------|
| X Remove                   | <u>v</u>     | Mike Jones       |                     |
| <u>X</u> Add               | <u>sv</u>    | Sally Smith      |                     |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>      | <u>Addres</u> s     |
| 1) X Change                | Р            | Joseph T. Cyrius | 5708 Lincoln Street |
| Add                        |              |                  | Hollywood, FL 33021 |
| Remove                     |              |                  |                     |
| 2) Change                  |              |                  |                     |
| Add                        |              |                  |                     |
| Remove                     |              |                  |                     |
| 3 ) Change                 |              |                  |                     |
| Add                        |              |                  |                     |
| Remove                     |              |                  |                     |
| 4) Change                  |              |                  |                     |
| Add                        |              |                  |                     |
| Remove                     |              |                  |                     |
| 5)Change                   |              |                  |                     |
| Add                        |              |                  |                     |
| Remove                     |              |                  |                     |
| 6) Change                  |              |                  |                     |
| Add                        |              |                  |                     |
| Remove                     |              |                  |                     |

| attach additional sheets, if nece.                        | sary). (Be spec  | r change(s) here<br>cific) | _                                     |                                        |                                                   |
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|                                                           |                  |                            |                                       |                                        |                                                   |
| f an amendment provides for provisions for implementing t | an exchange, rec | lassification, o           | r cancellation of                     | issued shares,                         |                                                   |
| (if not applicable, indicate                              |                  | not contained              | in the amenome                        | nt itseii:                             |                                                   |
|                                                           |                  |                            |                                       |                                        |                                                   |
|                                                           |                  | <del> </del>               |                                       | · · · · ·                              | 47 <b>8</b> - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - |
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|                                                                          | loption:, if other than t                                                                                                                    |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| date this document was signed.                                           |                                                                                                                                              |
| Effective date if applicable:                                            | (no more than 90 days after amendment file date)                                                                                             |
|                                                                          | (no more than 90 days after amendment file date)                                                                                             |
| Note: If the date inserted in this bedocument's effective date on the De | lock does not meet the applicable statutory filing requirements, this date will not be listed as t partment of State's records.              |
| Adoption of Amendment(s)                                                 | ( <u>CHECK ONE</u> )                                                                                                                         |
| ☐ The amendment(s) was/were add<br>by the shareholders was/were su       | epted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.                                              |
|                                                                          | eroved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): |
|                                                                          | for the amendment(s) was/were sufficient for approval                                                                                        |
| by                                                                       | (voting group)                                                                                                                               |
|                                                                          | (voting group)                                                                                                                               |
| ☐ The amendment(s) was/were add action was not required.                 | opted by the board of directors without shareholder action and shareholder                                                                   |
| The amendment(s) was/were add action was not required.                   | opted by the incorporators without shareholder action and shareholder                                                                        |
| Dated                                                                    | 8-25-18                                                                                                                                      |
| 17ated                                                                   |                                                                                                                                              |
| Signature/                                                               | Max non                                                                                                                                      |
| (By <b>a</b> c                                                           | rector, prosident or other officer - if directors or officers have not been                                                                  |
| selebte                                                                  | d, by an incorporator—If in/the hands of a receiver, trustee, or other court                                                                 |
| аррон                                                                    | ted fiduciary by that fiduciáry)                                                                                                             |
|                                                                          | JOSEPH T CYRIUS                                                                                                                              |
|                                                                          | (Typed or printed name of person signing)                                                                                                    |
|                                                                          | (Title of person signing)                                                                                                                    |
|                                                                          | (Title of person signing)                                                                                                                    |