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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: Old Florida Tattoo	Inc.	
	1BER: P18000071325		
	s of Amendment and fee are st	ibmitted for filing.	
Please return all corr	espondence concerning this ma	atter to the following:	
	Joseph C Spino		
		Name of Contact Per	rson
	Old Florida Tattoo Inc.		
		Firm/ Company	
	1223 N Orange Ave Unit B		
	 	Address	
	Orlando, FL 32804		
		City/ State and Zip C	ode
	joe@oldfloridaelectric.com		
	E-mail address: (to be u	sed for future annual rep	ort notification)
For further informati Joseph C Spino	on concerning this matter, plea		250 (041
	6(2)	at (250-6941
Name of Contact Person Ar		Area	Code & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida D	epartment 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)
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

Old Florida Tattoo Inc.			
(Name of Corporation as currently	filed with the Florida Dept.	of State)	
P18000071325			
(Document Number of	Corporation (if known)		**
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation ado	pts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:			
			The new
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" o professional corporation nai	r the abbreviation	"Corp., "
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		·	
		 	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(maining dutiess MAT BL AT OST WITHCL BOX)			
		<u>-</u>	
		<u></u> , <u></u>	
D. If amending the registered agent and/or registered office address	ess in Florida, enter the name	<u>of the</u>	
new registered agent and/or the new registered office address:			
Name of New Registered Agent	······································		
		<u> </u>	
(Florida stre	vet address)		
New Registered Office Address:		Florida	
	(City)	(Zip Co	(de)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	with and accept the obligations	of the position.	#17.3 21.JUL-7
			## \$P
Signature of New Re	egistered Agent, if changing		\sim
Check if applicable			cA .

☐ 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	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Robert K Shockley	1706 Antilles Place
Add			Orlando, FL 32804
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
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provisions for implementing the amendment if not contained in the amendment itself:	
(i) not applicable, indicate N/A)	

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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	711 (2021	
Effective date if applicable:	7/1/2021	
	(no more than 90 days after amendment file date)	·
	is block does not meet the applicable statutory filing requirements, a Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	der action and shareholder
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amen e sufficient for approval.	dment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendments.	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
6/30/20 Dated	21	
Dated		
Signature		
selo	a director, president or other officer – if directors or officers have no cted, by an incorporator – if in the hands of a receiver, trustee, or oth offitted fiduciary by that fiduciary)	t been er court
	Joseph C Spino	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	