## 0081180008119

| (Re                     | questor's Name)    |           |
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| PICK-UP                 | MAIT               | MAIL      |
| (Bu                     | usiness Entity Nam | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
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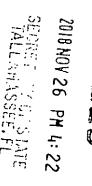
Office Use Only



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R. WHITE DEC 0.3 2018



## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA            | TION: Unl   | ock It Inc.  |  |  |  |  |  |
|----------------------------|---|--|--|--|--|--|--|
| DOCUMENT NUMBER            | ::P180  | 00081600   |  |  |  |  |  |
| The enclosed Articles of A | Amendment and fee are su                          | bmitted for filing.  |  |  |  |  |  |
| Please return all correspo | ndence concerning this ma                         | tter to the following:   |  |  |  |  |  |
|                            | Ali   | Balkis   |  |  |  |  |  |
| _                          |   | Name of Contact Person   | n  |  |  |  |  |
|                            | Un  | lock It Inc.   |  |  |  |  |  |
|                            |   |  |  |  |  |  |  |
|                            | Address Suncise FL 33351 City/ State and Zip Code |  |  |  |  |  |  |
|                            | Address   |  |  |  |  |  |  |
|                            |   | Suncise  | FL 33351   |  |  |  |  |
|                            |   | City/ State and Zip Cod  | c  |  |  |  |  |
|                            | و بارمامراد                                       | Falultin Dan   | al com   |  |  |  |  |
|                            | E-mail address: (to be us                         | right now @ gm   | notification)  |  |  |  |  |
|                            |   |  |  |  |  |  |  |
| For further information co | oncerning this matter, pleas                      | se call:   |  |  |  |  |  |
| A                          |   |  |  |  |  |  |  |
| Ali_B                      | alkis   | at ( <u>310</u>  | 622 - 2801   |  |  |  |  |
| Name of C                  | Contact Person                                    | Area Co  | de & Daytime Telephone Number  |  |  |  |  |
| Enclosed is a check for th | e following amount made                           | payable to the Florida Depa  | artment of State:  |  |  |  |  |
| S35 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) |  |  |  |  |
|                            | Address   |  | Address  |  |  |  |  |
|                            | nent Section                                      |  | lment Section  |  |  |  |  |
| P.O. Bo                    | i of Corporations<br>ix 6327                      |  | on of Corporations  Building   |  |  |  |  |
|                            | ssee, FL 32314                                    | Clifton Building 2661 Executive Center Circle                      |  |  |  |  |  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

| •  | to Articles of Incorp                            | .auntina                              | £ 2 c                  |                 |
|--|--|---------------------------------------|------------------------|-----------------|
|  | Articles of incorp                               | FORMION                               |                        | )               |
| ( ),0  | lock It Inc                                      | 201                                   | FILED                  | ,               |
|  | poration as currently fil                        | led with the Florida                  | Dept. of State) 4:     |                 |
| •  | 0081600  | 141                                   | W. William             | ۲2              |
|  | Document Number of Co                            | proporation (if known)                | <u> </u>               | <del>TE</del>   |
| rsuant to the provisions of section 607.1006,<br>Articles of Incorporation:  | Florida Statutes, this <i>Flo</i> e              | rida Profit Corporati                 | on adopts the follow   | ving amendment( |
| If amending name, enter the new name of  | the corporation:                                 |                                       |                        |                 |
|  |  |                                       |                        | The new         |
| me must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation ord "chartered," "professional association,"  | "Corp," "Inc," or "Co"                           | ". A professional con                 |                        |                 |
| Enter new principal office address, if apprincipal office address MUST BE A STREE  |  |                                       |                        |                 |
|  | ,  |                                       |                        |                 |
|  |  |                                       |                        |                 |
|  | -  |                                       |                        |                 |
| Enter new mailing address, if applicables<br>(Mailing address MAY BE A POST OFFICE   |  |                                       |                        |                 |
| (Fruning duaress STAT BE AT OST OTTIN  | <u>LEBON</u> )                                   |                                       |                        |                 |
|  |  | · · · · · · · · · · · · · · · · · · · |                        |                 |
|  |  |                                       |                        |                 |
| Manager 11 and 12 and 1 | -  |                                       |                        |                 |
| If amending the registered agent and/or r<br>new registered agent and/or the new regis   |  | in Florida, enter the                 | name of the            |                 |
|  |  |                                       |                        |                 |
| Name of New Registered Agent   |  | <del></del>                           |                        | _               |
|  |  |                                       |                        |                 |
|  | (Florida street a                                | iddress)                              |                        |                 |
| New Registered Office Address:   |  |                                       | , Florida              | p Code)         |
|  | (Cit   | <i>y</i> y                            | (Zi                    | p Code)         |
|  |  |                                       |                        |                 |
| ny Dogistarad August's Signature, if alamais   | or Danistanad Amant.                             |                                       |                        |                 |
| w Registered Agent's Signature, if changing the appointment as registered a  | ig Kegistered Agent:<br>gent. I am familiar with | and accept the oblige                 | utions of the position | i.              |
|  |  | ,                                     | y p 02.000             | •               |
|  |  |                                       |                        |                 |
| ·  |  |                                       |                        |                 |
|  | Signature of New Regis                           | stered Agent, if chang                | ing                    |                 |

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:                   | ус, ана мацу этан, эт из ин мий. |   |
|----------------------------|----------------------------------|---|
| X Change                   | PT John Doc                      |   |
| X Remove                   | <u>V</u> <u>Mike Jones</u>       |   |
| X Add                      | SV Sally Smith                   | ·   |
| Type of Action (Check One) | <u>Title</u> <u>Name</u>         | Address                                     |
| 1) Change                  | VP Sergio J. Rodriguez           | 4399 N University Drive<br>Suncise FL 33351 |
| Add                        | <b>y</b>                         | Suncise FL 33351                            |
| _X Remove                  |                                  |   |
| 2) Change                  |                                  | <del></del>                                 |
| Add                        |                                  |   |
| Remove                     |                                  |   |
| 3 ) Change                 |                                  |   |
| Add                        |                                  |   |
| Remove                     |                                  |   |
| 4) Change                  |                                  |   |
| Add                        |                                  |   |
| Remove                     |                                  |   |
| 5) Change                  |                                  |   |
| Add                        |                                  |   |
| Remove                     |                                  |   |
| 6) Change                  |                                  |   |
| Add                        |                                  |   |
| Remove                     |                                  |   |

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| rovisions f | or implementing the   | e amendm      | ent if not con | tained in th                          | e amendmei   | ssueu s<br>it itself: |                |     |
| (if not a   | pplicable, indicate N |               |                |                                       |              |                       |                |     |
|             | Remove                | <u>a11</u>    | Snures         | -trum                                 | Segio        | J. 1                  | Rodrigu        | 12. |
|             |                       |               |                |                                       | V            |                       | J              |     |
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| The date of each amendment(s) adoption:  | , if other than the       |
|--|---------------------------|
| Effective date if applicable: 11/19/2018  (no more than 90 days after amendment file date)   |                           |
| Effective date <u>if applicable</u> : 11/19/2018 (no more than 90 days after amendment file date)  |                           |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.                                   | 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 amendment(s) by the shareholders was/were sufficient for approval.   |                           |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):        | nt .                      |
| "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  | _                         |
| (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) |                           |
| (Typed or printed name of person signing)  |                           |
| (Typed or printed name of person signing)  |                           |
| (P) President  |                           |
| (Title of person signing)  |                           |