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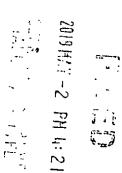
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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R. WHITE



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2019

KATHRYN LORENZINI 773 101ST AVE N NAPLES, FL 34108

SUBJECT: UNIQUE IMAGE, INC Ref. Number: P19000001053

We have received your document for UNIQUE IMAGE, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050. **七**次)

Rebekah White Regulatory Specialist III

Letter Number: 319A00007460

850 245 6000 option #0 goes to

4/24 Sent email

April 29, 2019 - Resent Again Again

3rd Time

Articles of Amendment

to

Articles of Incorporation

of

-	77.1	-
[{	

Unique Image	1) M C 2019 HAY -2 PM 4:21
Name of Corporation as cyrrently f) 5 3 Company
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006 , Florida Statutes, this Fle its Articles of Incorporation:	orida Profit Corporation adopts 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," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	"company," or "incorporated" or the abbreviation ". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addres	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	11.0 -
Name of New Registered Agent	NIV
(Florida street	address)
Nine Benjatan at Cliffo a Address	, Florida
New Registered Office Address:(C.	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit.	h and accept the obligations of the position.
Signature of New Part	istarrad America d'Alemaina

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:	, 11/11/1	, <i>5,</i> 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
X Change	<u>171°</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) K Change	7	KHthryn Lorenzin	773 loist Ave.
Add		,	Nuples FL 54/08
Remove			
2) Change	-		
Add			
Remove			
3)Change	. —		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
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Add			
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amendment provides for visions for implementing t	an exchange, reclassific he amendment if not co	cation, or cancellation on the control of the carrier of the carri	or issued snares, nent itself:	
(if not applicable, indicate	N/A)			
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The date of each amendment(s) adoption:, if other the date this document was signed.
Effective date if applicable: ino 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 will not be listed document's effective date on the Department of State's records.
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 statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes east 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 March 31, 2019 Signature Kathum Joren Cin
Signature Signat
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)
Prinident
(Title of person signing)

the

the