## P19000002432

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MAY 2.9 2019 I ALBRITTON

## COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	0 BIANDS CORP
DOCUMENT NUMBER:	02432
The enclosed Articles of Amendment and fee are submitted for	filing.
Please return all correspondence concerning this matter to the fo	ollowing:
RyAn E	Contact Person
Firr	n/ Company
1422 GAY 5	Tree 5 SE
PAlun BAU	Address
	ale and Zip Code
	mail. com
E-mail address: (to be used for future	re annual report notification)
For further information concerning this matter, please call:	
Ryan Gialtan	at (321) 27-2-5318  Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to t	the Florida Department of State:
Certificate of Status Certifi	S Filing Fee & S52.50 Filing Fee ed Copy Certificate of Status ional copy is 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 Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

## Articles of Amendment to

## Articles of Incorporation of

~ O. lo. O	
	CALDS CORP
(Name of Corporation as	currently filed with the Florida Dept. of State)
P19	000002432
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	1
CRUPTO B	RANDS CORPO The new poration," "company," or "incorporated" or the abbreviation
name must be distinguishable and contain the word "co" "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	c," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1422 GRAG STYER PALM BAY F.L. 32905
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
new registered agent answer the new registered office	9
Name of New Registered Agent	1
	<del></del>
(P	lorida street address)
New Registered Office Address:	(City) Florida (Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am	d Agent: familiar with and accept the obligations of the position.
Signature	of New Registered Agent, if changing

address of each Officer a (Attach additional sheets, Please note the officer/dir P = President; V = Vice is Executive Officer; CFO = held, President, Treasures Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove.	and/or D if necess rector titl President = Chief I r. Directo in the for	virector be eary) le by the fu t; T= Trea Financial ( or would b llowing ma orporation	ing added:  st letter of the o surer; S= Secre Officer. If an o e PTD. unner. Currentl a, Sally Smith is	office title: etary; D= L fficer/direct y John Doe	Director: TR tor holds ma is listed as	t= Tru ore tha the PS	rector being removed and title, name, and stee; $C = Chairman \ or \ Clerk; \ CEO = Chief$ in one title, list the first letter of each office $ST$ and Mike Jones is listed as the $V$ . There is ould be noted as John Doe, $PT$ as a Change.
Example: X Change	<u>PT</u>	John Do	<u>e</u>				
X Remove	<u>V</u>	Mike Jones					
$\underline{X}$ Add	<u>SV</u>	Sally Smith					
Type of Action (Check One)	Title		<u>Name</u>				Address
1) Change		_				,	
Add							
Remove							
2) Change		_		_			
Add							
Remove							
3 ) Change		_	<del>,</del>				
Add							
Remove							··-
4) Change							
Add		*****					
Remove							
<del></del>							
5) Change			<del> </del>				
Add							
Remove							
6) Change							

\_Add

Remove

. If amending or adding additional Articles, enter char (Attach additional sheets, if necessary). (Be specific)	
. If an amendment provides for an exchange, reclassifi provisions for implementing the amendment if not c	ication, or cancellation of issued shares,
(if not applicable, indicate N/A)	in the amendment user.

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no moi	e than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re-	ne applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK ON	$(\mathbf{E})$
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ers. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehol must be separately provided for each voting group en	
"The number of votes east for the amendment(s)	was/were sufficient for approval
by	"
(voting group	
☐ The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorpora action was not required.	tors without shareholder action and shareholder
Dated MAG 9 <sup>TH</sup> 2	019
Signature	
(By a director, president or o	ther 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 f	idudiary)
· /	g AN RA HAW printed name of person signing)
(Typed of	printed name of person signing)
	Wesident
	(Title of person signing)