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Division of Corporations

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN MYAPPS CORP.

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## Articles of Amendment to Articles of Incorporation of

MYAPPS CORP.

|   | as currently filed with the F                | torida Dept. of State)                                      |                |
|---|--|---|----------------|
|   | P19000005790                                 |   |                |
| (Document   | t Number of Corporation (if)                 | слоwп)  |                |
| Pursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:   | atutes, this Florida Profit Co               | rporation adopts the following                              | ; amendment(s) |
| A. If amending name, enter the new name of the corpo  | oration:                                     |   |                |
|   |  |   | The new        |
| name must be distinguishable and contain the word "corpo<br>"Inc.," or Co.," or the designation "Corp," "Inc," of<br>"chartered," "professional association," or the abbrevia | r "Co". A professional co                    | corporated" or the abbreviation rporation name must contain | "Corp.,"       |
| B. Enter new principal office address, if applicable:   | <u> </u>                                     |   |                |
| Principal office address MUST BE A STREET ADDRE   | ESS)   | <del>-</del>  | <del></del>    |
|   | -  |   | <del></del>    |
|   | <del></del>                                  |   |                |
| C. Enter new mother address if annihila   |  |   |                |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |  |   |                |
|   |  |   | <del></del>    |
|   |  | <u> </u>  | -              |
|   |  |   | * 3            |
| Transmitted the registered warms and for an included  | .nc13 tu va _ + 1                            | 4 32 6.0  | . )            |
| <ol> <li>If amending the registered agent and/or registered<br/>new registered agent and/or the new registered officered.</li> </ol>  | omice address in Fiorida, ei                 | iter the name of the  |                |
|   | <u></u>                                      |   | -              |
| Name of New Registered Agent  | · · · · · · · · · · · · · · · · · · ·        |   |                |
|   |  |   | 65             |
|   | (Florida street address)                     |   | -              |
|   |  |   |                |
| New Registered Office Address:  |  | , Florida   |                |
|   | (City)                                       | , Florida(Zip Co  | ode)           |
|   | (City)                                       |   | ode)           |
|   | (City)                                       |   | ode)           |
| New Registered Office Address:  New Registered Agent's Signature, if changing Register  | red Agent:                                   | (Zip Co   | ode)           |
| New Registered Office Address:  | red Agent:                                   | (Zip Co   | ode)           |
| New Registered Office Address:  New Registered Agent's Signature, if changing Register  | red Agent:                                   | (Zip Co   | ode)           |
| New Registered Office Address:  New Registered Agent's Signature, if changing Register  | red Agent:                                   | (Zip Co   | ode)           |
| New Registered Office Address:  New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I an                                | red Agent:                                   | (Zip Co   | ode)           |
| New Registered Office Address:  New Registered Agent's Signature, if changing Register hereby accept the appointment as registered agent. I an                                | red Agent:<br>n familiar with and accept the | (Zip Co   | ode)           |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie 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:

| X Change                      | PT        | John Doe    |         |
|-------------------------------|-----------|-------------|---------|
| X Remove                      | <u>v</u>  | Mike Jones  |         |
| X Add                         | <u>şv</u> | Sally Smith |         |
| Type of Action<br>(Check One) | Title     | <u>Name</u> | Address |
| l) Change                     |           |             |         |
| Add                           |           |             |         |
| Remove                        |           |             |         |
| 2) Change                     |           |             |         |
| Add                           |           |             |         |
| Remove 3) Change              |           |             |         |
| Add                           |           |             |         |
| Remove                        |           |             |         |
| 4) Change                     |           |             |         |
| Add                           |           |             |         |
| Remove                        |           |             |         |
| 5) Change                     |           |             |         |
| Add                           |           |             |         |
| Remove                        |           |             |         |
| 6) Change                     |           |             |         |
| Add                           |           |             |         |
| Remove                        |           |             |         |
|                               |           |             |         |

| The date of each amendment(s) adoption:  | , if other than t   |
|--|---|
| date this document was signed.   |   |
| Effective date if applicable:  |   |
| (no more tha   | 190 days after amendment file date)   |
| Note: If the date inserted in this block does not meet the ap-<br>document's effective date on the Department of State's records | olicable statutory filing requirements, this date will not be listed as t                           |
| Adoption of Amendment(s) (CHECK ONE)   |   |
| ☐ The amendment(s) was/were adopted by the incorporators, action was not required.   | or board of directors without shareholder action and shareholder                                    |
| The amendment(s) was/were adopted by the shareholders, by the shareholders was/were sufficient for approval.                     | The number of votes cast for the amendment(s)   |
| ☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled              |   |
| "The number of votes east for the amendment(s) was/  | were sufficient for approval  |
| by   |   |
| (voting group)   |   |
| December 16, 2020 Dated  |   |
| Signature  | MOUN  |
|  | ficer - if directors or officers have not been the hands of a receiver, trustee, or other court ry) |
| Adna   | ı Matik   |
| (Typed or print  | ed name of person signing)  |
| CEO and C  | nairman   |
| (Title of person   | signing)  |