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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : DES-MATT, INC Account Number : 120180000078 Phone : (352)223-3911 Fax Number : (863)318-8218

**Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please [] *

Email Address: esme shanks@gmail.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN R.NET.COM CORP

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H190001151383 Articles of Amendment

Articles of Incorporation

ESME SHANKS

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| R.NET.COM CORP | |
|---|---|
| | 1.00 - 1.00 / T. C. |
| (Name of Corporation as current) | v filed with the Florida Dept. of State), Fl ORIOA |
| P19000012641 | 17/100 |
| (Document Number of | f Corporation (if known) |
| rsuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation: | Florida Profit Corporation adopts the following amendment |
| If amending name, enter the new name of the corporation: | |
| 'A | The new |
| me must be distinguishable and contain the word "corporatio Torp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or " ord "chartered," "professional association." or the abbreviation | "Co". A professional corporation name must contain the |
| | N/A |
| Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS) | |
| mopul office such as mean party services from | |
| | |
| | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | N/A |
| (mutting that Ex MIT) DE AT OUT OUT STATES | |
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| | |
| . If amending the registered agent and/or registered office add new registered agent and/or the new registered office address | ress in Florida, coter the name of the |
| new registered agent and/or the new registered office address | ress in Florida, enter the name of the |
| new registered agent and/or the new registered office address | ress in Florida, enter the name of the |
| Name of New Registered Agam | <u>c</u> |
| Name of New Registered Agent (Florido sn | s: ree: addross) |
| Name of New Registered Agam No. Name of New Registered Agam | <u>c</u> |

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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:

18533188218

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: X_Change | <u>PT</u> <u>Joh</u> | n Doe | |
|-------------------------------|----------------------|-----------------|---------------------|
| X Remove | <u>v</u> <u>Mil</u> | ke Jones | |
| <u>X</u> Add | <u>ŞV</u> Şall | ly Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| 1) Change | P | JUAN C. BOLIVAR | 4638 MIDDLEBROOK RD |
| X Add | <u></u> | | STE. 8A |
| Remove | | | ORLANDO, FL 32811 |
| 2) Channe | P | JUAN C. BOLIVA | 4638 MIDDLEBROOK RD |
| 2) Change | <u></u> | | STE 8A |
| Add X | | | ORLANDO, FL 32811 |
| Kelliove | | | |
| 3)Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | _ | | |
| Add | · | | |
| Remove | | | |
| | | | |
| 6)Change | | | |
| Add | | | |
| Remove | | | |

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| | ional sheets, if nec | ressury). (DE SA | pecific) | | | |
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| lf an amen | dment provides fo | or an exchange, | reclassification, | or cancellation o | f issued shares, | |
| provisions | for implementin | g the amendmen | t if not containe | d in the amendm | ent itself: | |
| (if not | applicable, indica | ite N/A) | | | | |
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| N/A | , if other than th |
|--|---|
| The date of each amendment(s) adoption: date this document was signed. | , , , , , , , , , , , , , , , , , |
| N/A | |
| Effective date if applicable: (no | nore than 90 days after amendment file date) |
| Note: If the date inserted in this block does not me document's effective date on the Department of State | et the applicable statutory filing requirements, this date will not be listed as the records. |
| Adoption of Amendment(s) (CHECK | <u>ONE</u>) |
| ☐ The amendment(s) was/were adopted by the sharely by the shareholders was/were sufficient for approximation. | olders. The number of votes east for the amendment(s) al. |
| ☐ The amendment(s) was/were approved by the shar must be separately provided for each voting group | cholders through voting groups. The following statement of entitled to vote separately on the amendment(s): |
| "The number of votes cast for the amendmen | |
| by(voting g | |
| (vating g | υιφή |
| ■ The amendment(s) was/were adopted by the board action was not required. □ The amendment(s) was/were adopted by the incorr | of directors without shareholder action and shareholder |
| action was not required. | |
| 04/08/2019 Dated | |
| SignatureJuan C. Boliv | ar |
| (By a director, president | or other officer – if directors or officers have not been tor – if in the hands of a receiver, trustee, or other court |
| JUAN C. BOLI | /AR |
| (Туре | d or printed name of person signing) |
| PRESIDENT | |
| | (Title of person signing) |