P1900012797

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C. GOLDEN FEB 2 2 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	I2000000019	5
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REFERENCE: 637138 8262959

AUTHORIZATION :

COST LIMIT : \$\alpha_3 \tag{5}_00

ORDER DATE: February 18, 2019

ORDER TIME : 10:24 AM

ORDER NO. : 637138-001

CUSTOMER NO: 8262959

DOMESTIC AMENDMENT FILING

NAME: ENTROPY GROUP, INC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS:

FILED Articles of Amendment Articles of Incorporation

2019 FEB 21 AM 9: 54

ENTROPY GROUP, INC		<u> </u>
(Name o	f Corporation as currently	filed with the Florida Dept. of State) State SSEE, FL
P19000612797		
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation adopts the following amendment(s) t
A. If amending pame, enter the new us	me of the corporation:	
		The new
name must be distinguishable and cont "Corp.," "Inc" or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the C.A."
B. Enter new principal office address. (Principal office address MUST BE A S	if applicable:	8597 South East Oleander Street
(гинсіра бурке вийгезі <u>міўзі ББА з</u>	(KEET ADJIKESS)	
		Hobe Sound, FL 33455
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Box 2231
		Hobe Sound, FL 33475
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address; w registered office address;	ess in Florida, enter the name of the
Name of New Registered Agent	Bruce Jezior	
	8597 South East Oleander 5	Street
	(Florida stre	et address)
New Pagistored Office Address	Hobe Sound	. Florida 33455
THE THE ESTERICA CONTACT THE TOP	((City) (Zip Code)
New Registered Office Address: New Registered Agent's Signature, if c	(Florida stre	et address), Florida
I hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the obligations of the position.
	Signature of New Re	egistered Agent, if changing
	DIGITALIST OF THE RE	Guite an industry of annual control

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.

X Change	<u>PT</u>	John Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Ramove			
2) Change			
Add			
Remove			
3) Change			
Add			
Ramove			
4) Change		 	
Add			
Remove			
5) Change		•	
Add			
Remove			
6) Change			
Add			
Remove			

	ets, if necessary).	les, enter change(s) (Be specific)			
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f an amendment pr	ovides for an excha	ange, reclassificatio	n, or cancellation of	issued shares.	
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he date of each amendment(s) at	loption:, if o	other than the
the this document was signed.		
ffective date if applicable:		
	(no more than 90 days after amendment file date)	
ote: If the date inserted in this bocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be partment of State's records.	e listed as the
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
• ———	(voting group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
	opted by the incorporators without shareholder action and shareholder	
action was not required.		
20 FEB 2 Dated	019	
Signature		
(18√a)	rector, president or other officer - if directors or officers have not been	
selecti	ed, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoir	ned fiduciary by that fiduciary)	
	Bruce Jezior	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	