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| (R | equestor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
| (B | usiness Entity Name) | | | |
| (Document Number) | | | | |
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Best Florida Consulting, LLC 1110 SW 28th Street Cape Coral, FL 33914 2+1 (239) 573-9601 jhartwich@hotmail.com

Department of State Division of Corporations P.O.Box 6327 Tallahassee, FL 32314

12-05-2019

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SUBJECT: Document #

Schlegl Corporation P19000017380

Dear Sirs,

attached please receive the articles of amendment for the change of address and and registered agent as well as a check in the amount of

\$ 35.00

Best regards

Articles of Amendment

to Articles of Incorporation of

| Calabach Cospa | as of the con |
|---|--|
| Schlegt Corpo | filed with the Florida Dept. of State) |
| D i Q A C A A I | 7780 |
| (Document Number of | Corporation (if known) |
| | |
| Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation: | Florida Profit Corporation adopts the following amendments, to |
| A. If amending name, enter the new name of the corporation: | |
| | The |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation " | P.A. |
| B. Enter new principal office address, if applicable: | 1270 N Wickham Rd. |
| (Principal office address MUST BE A STREET ADDRESS) | Melbourne Fl 32935 |
| C. Enter new mailing address, if applicable: | 1270 N Wickham Rd. |
| (Mailing address MAY BE A POST OFFICE BOX) | Melbourne FL 32935 |
| D. If amending the registered agent and/or registered office add | ress in Florida, enter the name of the |
| new registered agent and/or the new registered office addres | |
| Name of New Registered Agent ALEX Cin | C. I C. O. C. D. I |
| 1 | ickhaim Rd. |
| New Registered Office Address: Melhoury | recei address) Florida 372 4355 |
| New Registered Office Address. | (Cuy) AZip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Agen | |
| I hereby accept the appointment as registered agent. I am familian | with and accept the obligations of the position. |
| Mandra | felliandt |
| Signature of New | Rogistered Agent, if changing |

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 | PT John | n Doe | |
|----------------------------|-----------------------|--------------------|---|
| X Remove | <u>V</u> <u>Mik</u> | ce Jones | |
| X Add | <u>SV</u> <u>Sall</u> | y Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | PT | Alexandra Gebhard | H Dr. Karlliebleitner Ring 12/10 |
| Add | · | | Korneubuig Nazioo A |
| X_ Remove | | | |
| 2) Change | PT | Alexandra Gebhurdt | 1270 N Wickham Rd. Helbourne, FL 32935 |
| Remove | | | |
| 3) Change | VP_S | Alexandra Gebhardt | Dr. Karl Liebleitner Ring 1210 |
| Add Remove | | | Korneuburg, Na 2100 A |
| 4) Change | V <u>P, S</u> | Alexandra Gebhardt | 1270 N Wickham Rd. |
| X Add | | | Melbourne FL32935 |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Art | ticles, enter change(s) here: |
|---|---|
| (Attach additional sheets, if necessary). | (Be specific) |
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| If an amandment provides for an eve | change, reclassification, or cancellation of issued shares, |
| provisions for implementing the amo | nendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
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| The date of each amendment(s) add date this document was signed. | ption:, if other than the |
|--|--|
| Effective date if applicable: | |
| Ellettive date in appropriate. | (no more than 90 days after amendment file date) |
| Note: If the date inserted in this blo document's effective date on the Dep | ck does not meet the applicable statutory filing requirements, this date will not be listed as the trument of State's records. |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/were adop by the shareholders was/were suff | ted by the shareholders. The number of votes cast for the amendment(s) icient for approval. |
| ☐ The amendment(s) was/were appromust be separately provided for e | oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast for | or the amendment(s) was/were sufficient for approval |
| by | (voting group) |
| | (voting group) |
| ☐ The amendment(s) was/were adoptaction was not required. | ted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were adoptaction was not required. | ted by the incorporators without shareholder action and shareholder |
| Dated NOVE | mber 11th, 2019 |
| Signature | slesson de Coblissoft |
| selected | ector, president or other office - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary) |
| - | ALEX CINATA GEBBARILIA (Typed or printed name of person signing) |
| | President (Title of person signing) |