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SECRETARY OF STATE

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TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: ____ TRIDENT GROUP AMERICA, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JOHN S. MEAD, ESQUIRE Name of Contact Person MEAD LAW & TITLE Firm/ Company 24 WALTER MARTIN ROAD NE, SUITE 201 Address FORT WALTON BEACH, FL 32548 City/ State and Zip Code TOM.R@GOTRIDENTGROUP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOHN S. MEAD Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TRIDENT GROUP AMERICA, INC.

(Name of Corporation as curre	ently filed with the Florida Dept. of State)	-	
P19000019325			
(Document Number	er of Corporation (if known)	<u></u> .	
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following	ng amendment((s)
A. If amending name, enter the new name of the corporation:	<u>:</u>		
		_The new	
name must be distinguishable and contain the word "corpore "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation	or "Co". A professional corporation name must		
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ή	, ~	
	125	<u> </u>	_
	<u> </u>	<u> </u>	7
C. Enter new mailing address, if applicable:		5 5	7E)
(Mailing address MAY BE A POST OFFICE BOX)			
	~	P 16	J
		#: 0	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add			
Name of New Registered Agent		_	
(Florid	la street address)	_	
Non Books and Office Address	, Florida		
New Registered Office Address:		Code)	
New Registered Agent's Signature, if changing Registered Ag	gent:		
I hereby accept the appointment as registered agent. I am famil	nar with and accept the obligations of the position.		
		<u>_</u>	
Signature of No	ew Registered Agent, if changing		

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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer. 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
_X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s			
i) Change	D	ILTSOPOULOS, NICK	8 MIRACLE STRIP PWY SE			
X Add			UNIT 8F			
Remove			FT. WALTON BCH FL 32548			
2) Change						
Add						
Remove						
3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

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n am	endment prov	<u>vides for an ex</u>	change, reclas	sification, or c	ancellation of	issued shares,	
ovisio	ons for impler	menting the an	nendment if no	ot contained in	the amendme	nt itself:	
(if r	not applicable,	, indicate N/A)					
NU	1						
N/.	<u> </u>						
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						.	

The date of each amendmer date this document was signe		, if other than th
Effective date <u>if applicable</u> :	7/2/2019	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this the Department of State's records.	s date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
	ere adopted by the shareholders. The number of votes cast for the amendm were sufficient for approval.	ent(s)
	ere approved by the shareholders through voting groups. The following staded for each voting group entitled to vote separately on the amendment(s):	lement
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by	, M1	
	(voting group)	
☐ The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareh	oolder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholde	er
Dated	7/2/2019	
Signature _		
	By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
	Thomas Rothrauff	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	