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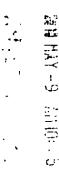
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FILING CANCELLED DUE TO RETURNED CHECK

05/09/19--01815--017 **35.80





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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

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NAME OF CORPORATION: F8 Techu	33 3	4 Corp	
DOCUMENT NUMBER: A S 0000 &	3838		** 11
The enclosed Articles of Amendment and fee are suf	omitted for filing.		•
Please return all correspondence concerning this mat	ter to the following:		•••
Real Service 3451 NW 14 Pampano 3	Name of Contact Person Les Consult; Firm/ Company The Aug Address Loch, Flor City/ State and Zip Code	ida 33064	
For further information concerning this matter, please	e call:		
Lk How Brum Name of Contact Person	at (454 Area Coo	b734965 de & Daytime Telephone Nur	nber
Enclosed is a check for the following amount made p			
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Amend Divisio	Address ment Section n of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301

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Articles of Amendment

DUE TO RETURNED CHECK	ALTHORS OF ALTH	endment	5	
POLIO IGIORALD CHICK			The state of the s	
·	Articles of Incor of	poration	- F	
Vota du dans		a 10		
F8technology	<u> Meneral C</u>	VY Y filed with the Florida Dept	of State)	
	- '=	nea with the Froma Dept	, () 3(a()	୍ର ପ୍ର
P 1900 <u>0023838</u>	(Document Number of C	Summarution (iClassica)		<u>. U</u>
	(Document Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1096 its Articles of Incorporation:	5, Florida Statutes, this <i>Fl</i>	<i>orida Profit Corporation</i> ad	lopts the following am	endment(s)
A. If amending name, enter the new name	of the corporation:			
				new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,	n "Corp." "Inc." or "Co	o". A professional corpora		
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE				
			- ,	
		1/2		
C. Enter new mailing address, if applicable		VV A.		
(Mailing address <u>MAY BE A POST OFF</u>	ICE BOX)	- •	-	
Th. P.C		s in Florida, enter the nan	ne of the	
	Eisteren billet audi ess.			
new registered agent and/or the new reg	· 			
new registered agent and/or the new reg				
	(Florida strve	add (xx)		
new registered agent and/or the new reg	(Florida stree	(address)	, Florida	

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.

Example: X Change	<u>PT</u>	John Doe		ANCELLED
X Remove	<u>V</u>	Mike Jones		RETURNED CHECK
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name		<u>Addres</u> s
1) Change	P	Rafo	iel Scheidt	222775W 66 Th Sue
X Add				apt 1910, Born nation
Remove				FL, 33428
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

. If amending or adding additional Articles, enter change(s) he	
(Attach additional sheets, if necessary). (Be specific)	DUE TO RETURNED CHEC
	
	·
((X
If an amendment provides for an exchange, reclassification,	or cancellation of issued shares.
provisions for implementing the amendment if not containe (if not applicable, indicate N/A)	
(3	
	,

The date of each amendment(s) adoptidate this document was signed.	on: 4/23/2019 if oth	ier than th
Effective date <u>if applicable</u> :		_ _
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department	does not meet the applicable statutory filing requirements, this date will not be linent of State's records.	isted as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendment(s) nt for approval.	
	thy the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and shareholder	
	by the incorporators without shareholder action and shareholder	
action was not required.	FILING CANCELLED	
Dated 4/23/6	ان اعلی میر DUE TO RETURNED CHEC	Ϋ́Κ
Signature(By a directo	in, president or other officer - if directors or officers have not been	
	an incorporator – if in the hands of a receiver, trustee, or other court duciary by that fiduciary)	
	avielle Simas Kverten Scheidt (Typed or printed name of person signing)	
	President	
	(Title of person signing)	