# P19000 028 497

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### **COVER LETTER**

Division of Corpo	orations			
NAME OF CORPOR	DIONAL	ot Kra )28497	wledgetac	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	itter to the following:		
	Victor	Name of Contact Person		
		Firm/ Company		
(	P.O. Par	1660996	)	
	Olados	Address  3280  City/ State and Zip Code	9	19 NOV 18
	E-mail address: (to be us	Sed for future minusal report	il.com	18 PM 1: 11
For further information	concerning this matter, pleas	se call:		- 3
Victor(	Contact Person	at ( HOH Area Cod	371 - 2028 de & Daytime Telephone Number	<del></del>
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:	
□ \$35 Filing Fee	☑\$43.75 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)	
Madi	ina A. A. A. A. A.	61		

#### Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### Articles of Amendment to Articles of Incorporation of

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		<b>香</b>
(Name of Corporation as curren	itly filed with the Florida Dept, of State)	
P19100028497		0 PX 0 S
(Document Number	of Corporation (if known)	: 22
Pursuant to the provisions of section 607,1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the follow	ring amendment(s) to
A. If amending name, enter the new name of the corporation:		
name must be distinguishable and contain the word "corporat" "Corp., " "Inc.," or Co., " or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name mu.	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	5475 Clarcura Apt 1000	Ker Blud
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 490991 Orlando FL 329	6 268
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addresses.		
Name of New Registered Agent VICTOLIA  5475 CU  (Florida:	Sucona Key Bud to	± 1006
New Registered Office Address: Orland	(City) . Florida . (Zi	<u> 2910</u> ip ("ode)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.	nt: r with and accept the obligations of the position	a.

Signature of New 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, 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: <u>X</u> Change	<u>79</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3.) Change			
Add	-		
Remove			
4)Change			
Add			
Remove			
Si Channa			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

	g additional Articles, of the Articles, if necessary). (Be				
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amendment pro	vides for an exchange.	, reclassification, o	r cancellation of is	sued shares,	
<u>isions for unific</u> (if not applicable	menting the amendme e, indicate N/A)	nt n not contained	in the amenoment	t usen:	
4110					
HIFI				<del></del>	
					<del></del> -

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 11 00 19 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(5)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	ler
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature  (By a director, president or other officer –) if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other con appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	