P190000 38102

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ISP GROUP INC		
	BER: P19000038102		
The enclosed Article	s of Amendment and fee are su	abmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	VREJ JOHN ISAIAN		
		Name of Contact Person	n
	ISP GROUP INC		
		Firm/ Company	
	158 ANNAPOLIS LANE	, ,	
		Address	-
	ROTONDA WEST FL 3394	7	
		City/ State and Zip Cod	e
ARL	.ENAGFR@GMAIL.COM		
	-	sed for future annual report	notification)
			,
For further information	on concerning this matter, pleas	se call:	
VREJ JOHN ISAIAN		503	447-5274
Name of Contact Person		at (at Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	irtment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			Address
Amendment Section		Amendment Section	
Division of Corporations P.O. Box 6327			n of Corporations Building
Tallahassee, FL 32314			xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ISP GROUP INC (Name of Corporation as currently filed with the Florida Dept. of State) P19000038102 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (Citv) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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: X Change	PT	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	<u>V</u>	ARLENA SEFIANI	158 ANNAPOLIS LANE	
X Add			ROTONDA WEST FL 33947	
Remove				
2) Change	<u>.</u>			
Add			19 MAY 30 SECTION AGES ALLIANASSE	
Remove			## A	7
3) Change				
Add				
Remove			200 St. 600 St	
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Arti- (Attach additional sheets, if necessary).	(Be specific)			
N/A				_
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		FALS		_
7-4-			9 MAY	_
		534	1 30	1
 If an amendment provides for an excha- provisions for implementing the amen 	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:			سف ا
(if not applicable, indicate N/A)		: 5: : 0: : 0:	:SI KA	
		<u> </u>	<u> </u>	_
N/A		15. AS		_
				_
	17			_
.,				
				_
				_

The date of each amendment(s) adoption: date this document was signed.	, if other than
Effective date if applicable:	
(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 date vidocument's effective date on the Department of State's records.	vill not be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	19 MAY 30
Dated Figure Signature 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 court appointed fiduciary by that fiduciary)	ar ar
VREJ JOHN ISAIAN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

the

the