## P190000 43117

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## COVER LETTER

TO: Amendment Section
Division of Corporations

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NAME OF CORPOR	RATION: KICK AXE, IN	C.	
DOCUMENT NUME	BER: P19000043117	<del></del>	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Michael C. Huddleston, Esqu	nire	
		Name of Contact I	Person
	Huddleston & Associates, P.A	A.	
	<del></del>	Firm/ Compar	17
	817 West New York Avenue	•	-2
		Address	
	DeLand, FL 32720		
		City/ State and Zip	Code
huddl	estonlaw@outlook.com		
	E-mail address: (to be us	and for firm and the	
	E-man address. (to be us	sed for fature assignar (	eport nonneation)
For further information	n concerning this matter, pleas	se call:	
Michael C. Huddlestor	n. Esquire	at (	)
Name o	of Contact Person	Are	ea Code & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida	Department of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		A D C	treet Address mendment Section ivision of Corporations lifton Building 561 Executive Center Circle

Tailahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

KICK AXE, INC.

<del></del>		
(Name of Corporation a	s currently filed with the Florida Dept. of State)	
P19000043117		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Staits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following a	mendment(s)
A. If amending name, enter the new name of the corpor WISE AXE, INC.		
name must he distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr	reporation," "company," or "incorporated" or the abbi	he new reviation ntain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>	<u>s</u> )	<del></del>
		5103
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	ffice address in Florida, enter the name of the	
N CN D I I		
	Florida street address)	
New Registered Office Address:	Florida	<del></del>
	(City) (Zip Code	'e)
New Registered Agent's Signature, if changing Registered hereby accept the appointment as registered agent. I am	ed Agent:  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 <math>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	<u>PT</u>	John Doe		
X Remove	Y	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change	<u>-</u>			
Add				
Remove				
5) Change				
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Remove				
б) Change				
Add	<del></del>			
Add Remove				
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Attach additional sheets, if necessary)	rticles, enter change(s) h ). (Be specific)		
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rovisions for unipicinenting the amo	hange, reclassification, endment if not contained	or cancellation of issue I in the amendment its	ed shares, self:

June 21,	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more t	han 90 days after amendment file date)
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record	applicable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	s through voting groups. The following statement and to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was	s/were sufficient for approval
by(voting group)	n
(voting group)	
The amendment(s) was/were adopted by the board of direct action was not required.	ctors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
July 2, 2019	
Signature ONU P	man
(By a director, president or other selected, by an incorporator - if appointed fiduciary by that fiduc	officer - if directors or officers have not been in the hands of a receiver, trustee, or other court iary)
Amy Neiman	
(Typed or prin	sted name of person signing)
President	
<u></u>	itle of person signing)