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| (Re | questor's Name) | | | |
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| (Cit | sy/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nam | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

t.

| NAME OF CORPOR | ATION:SUP | ER GRACE 2019 INC | | | |
|--|---|--|--|--|--|
| DOCUMENT NUMB | | P1000062390 | · · | | |
| The enclosed Articles of | of Amendment and fee are su | ibmitted for filing. | | | |
| Please return all corres | pondence concerning this ma | itter to the following: | | | |
| | : | SUTHINAN CHANTANA | | | |
| - | Name of Contact Person | | | | |
| SUPER GRACE 2019 INC | | | | | |
| - | | Firm/Company | | | |
| | 21 | 845 ENTERPRISE ROAD | | | |
| - | Address | | | | |
| | | DEBARY FL 32713 | | | |
| - | | City/ State and Zip Coo | le | | |
| | aya | arathaisushi@gmail.com | | | |
| | E-mail address: (to be us | sed for future annual repor | t notification) | | |
| For further information | concerning this matter, pleas | se call: | | | |
| SUTHINAN CHANTANA | | at (| 599-2689 ode & Daytime Telephone Number | | |
| Name o | f Contact Person | Area Co | ode & Daytime Telephone Number | | |
| Enclosed is a check for | the following amount made | payable to the Florida Dep | artment 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) | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Amen Divisi Clifto | Address dment Section on of Corporations n Building Executive Center Circle | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SUPER GRACE 2019 INC

| (Name of Corp. | oration as currently | filed with the Florida Dept. of State) | | | |
|--|--------------------------|--|----------------|------------|----------|
| | P100006239 | 0 | | | |
| (n) | ocument Number of C | Corporation (if known) | <u> </u> | | |
| Pursuant to the provisions of section 607,1006. F its Articles of Incorporation: | lorida Statutes, this FI | orida Profit Corporation adopts the fo | ollowing a | ımendme | nt(s) to |
| A. If amending name, enter the new name of t | he corporation: | | | | |
| | | | | he new | |
| name must be distinguishable and contain the "Corp" "Inc.," or Co.," or the designation "word "chartered," "professional association," o | Corp." "Inc." or "Co | o". A professional corporation name | | | |
| B. Enter new principal office address, if applicable: | | 140 SAN MARCO AVE | | | |
| (Principal office address MUST BE A STREET | | ST. AUGUSTINE FL 32084 | | | |
| | | | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | E BOX) | 140 SAN MARCO AVE | | | |
| | | ST. AUGUSTINE FL 32084 | | | |
| | | | - 6 | 20 | |
| D. If amending the registered agent and/or renew registered agent and/or the new regist | | ss in Florida, enter the name of the | 11. | 2019 SEP ; | D |
| Name of New Registered Agent | SU | THINAN CHANTANA | \$0. | 20 | |
| rume of the hogiest contain | 140 SAN MARCO | AVE ST. AUGUSTINE FL 32084 | <u> </u> | 7 | |
| | (Florida street address) | | | .; - | - 1 |
| | | | | | |
| New Registered Office 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 De | <u>oe</u> | |
|-------------------------------|-----------|---------------|-------------|-----------------|
| X Remove | <u>v</u> | Mike Jo | nes | |
| _X Add | <u>sv</u> | Sally Sn | <u>nith</u> | |
| Type of Action (Check One) | Title | | Name | <u>Addres</u> s |
| 1) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | <u></u> | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | - | | |
| Add | | | | - |
| Remove | | ٠ | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | • | | | |
| Add | | | | |
| Remove | | | | |
| | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |

| If amending or adding additional Art Attach additional sheets, if necessary). | (Re-specific) |
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| reaction and solvers, if necessary, | (no specylor |
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| If an amendment provides for an excl | change, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame | endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
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| | 09/16/2019 | |
|--|--|----------------------|
| The date of each amendment(s) adoptio | n: | , if other than the |
| date this document was signed. | | |
| Effective date if applicable: | 09/16/2019 | |
| Enective date it applicable. | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block of document's effective date on the Department. | does not meet the applicable statutory filing requirements, this date will ent of State's records. | not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the shareholders was/were sufficient | by the shareholders. The number of votes cast for the amendment(s) at for approval. | |
| | by 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 | <u>.</u> | |
| | (voting group) | |
| ☐ The amendment(s) was/were adopted baction was not required. | by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were adopted by action was not required. | by the incorporators without shareholder action and shareholder | |
| 0 | 99/16/2019 | |
| Dated | | |
| | | |
| Signature (By a director | r, president or other officer – if directors or officers have not been | |
| | an incorporator – if in the hands of a receiver, trustee, or other court | |
| | luciary by that fiduciary) | |
| | SUTHINAN CHANTANA | |
| | (Typed or printed name of person signing) | . |
| | PD | |
| | (Pitle of porcen cipning) | |