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SEURCIARY OF STATE
ALL ARASSET FLORIDA

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COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: High Clo	ass Assists nce, Inc			
DOCUMENT NUMBER: <u>V19000062660</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this ma-	tter to the following:			
Dened	ra Mann			
	Name of Contact Person			
13210 Tem	Pirmy Company Ole 10 Va			
West Palm Beach FL 33412				
City/ State and Zip Code Cleandenedra Quahoo. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, pleas	se call:			
Denedra Mann	at (541), 384-9090			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made	payable to the Florida Department of State:			
\$35 Filing Fee	Certified Gopy (Additional copy is enclosed) \$\int \frac{1}{2}\$ \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

High Class Assists nce "Inc	1
(Name of Corporation as currently filed w	ith the Florida Dept. of State)
V 190000 62666	
(Document Number of Corpora	ition (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
High Class Assistance, Ir	The new
name must be distinguishable and contain the word "corporation," "cor "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	T _A co
	
D. If amending the registered agent and/or registered office address in F	lorida, enter the name of the
new registered agent and/or the new registered office address:	[™] ⊆ , ™
Name of New Registered Agent	
	ALC Rib
(Florida street addre	rss)
New Registered Office Address:	, Florida
(City)	(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	1 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action	<u>Title</u>	Name	<u>Addres</u> s
(Check One)			
l) Change			
Add			
Remove			
2) Change			
Add			
Remove			A C 9
3) Change			- <u> </u>
Add			
Remove			
4) Change			7: 2 ORIII
Add			> 01
Remove			
5) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)			
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. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	8.2 5.2	Ü	_
(if not applicable, indicate N/A)	TAIE ORID	26	
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The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
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 will a document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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	
(voting group)	
☐ 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.	
Dated	
Signature Denodra Mo	_
(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)	19,
Denedra Mann	T all
(Typed or printed name of person signing)	0
Yresident 32	至四
(Title of person signing)	~ <u>~~</u>