P190000 64818

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Name Change

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: IMUBQTUS.COM	1 CORP	
DOCUMENT NUM	P19000064818		
The enclosed Articles	s of Amendment and fee are su	ebmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	GAVIN JOHNSON		
		Name of Contact Person	1
	IMUBQTUS CORP		
		Firm/ Company	
	353 W. 47TH ST, 5A		
		Address	
	MIAMI BEACH, FL, 33140		
		City/ State and Zip Code	2
	GJOHNSON@IMUBQTUS.	COM	
	E-mail address: (to be us	sed for future annual report	notification)
	on concerning this matter, pleas		222264
GAVIN JOHNSON		at (_) 9238698
Name	of Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	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)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee l. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation of

ΙΜ	ш	BO'	LUS.	COM	COL	RΡ

(Name of Corporation as curren	tly filed with the Florida Dept. of State)		
P19000064818	•		
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the follow	wing amendme	ent(s) to
A. If amending name, enter the new name of the corporation:			
IMUBQTUS CORP		The new	v
name must be distinguishable and contain the word "corporation." "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must cor		
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)		2	보 <u>안</u>
) 25
		<u> </u>	1. A 1. D1
C. Enter new mailing address, if applicable:	N/A	9	
(Mailing address MAY BE A POST OFFICE BOX)	IVA	. دوی سالی	TI CALC
			음을
		.⊑ . ∵⊔	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address Name of New Registered Agent N/A			1
(Florida si	treet address)		
Non-Businessa (Office Address)	. Florida		
New Registered Office Address:		Lip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the positio	n.	
Mgnature of New I	Registered Agent, if changing		
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11)) (e), F.S.		

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)

Example:

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.

X Change	<u>PT</u>	<u>John Do</u>	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) N/A Change		_		
Add				
Remove				
2) N/A Change		_		
Add				
Remove 3) N/A Change		_		
Add				<u></u>
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

,	nal sheets, if necessary).	(Be specific)			
/A					
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If an amoud m	ent provides for an excl	hanga malassifis	ation or concelled	tion of icenad chai	ras
provisions for	r implementing the ame	ndment if not co	ntained in the am	endment itself:	<u>ES,</u>
	nlicable, indicate N/A)				
(if not ap					
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The date of each amendment(s	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirement Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the am sufficient for approval.	endment(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	ng statement u(s):
"The number of votes o	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
06/09/20 Dated Signatu t e		
(By scle	a director, president or other officer – if directors or officers have beted, by an incorporator – if in the hands of a receiver, trustee, or cointed fiduciary by that fiduciary)	
	GAVIN JOHNSON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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