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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT	TON: FULLERTO	N CAPITAL	Investments, INC		
DOCUMENT NUMBER	P 20000C	13408	<u></u>		
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
_	<u>М</u> Аттне	Name of Contact Pe			
	FULLERTON C	APITAL INUE Firm/ Company	STMENTS, INC		
		Address			
	CORAL SPA	II NGS , FLORI	DA 38065		
		City/ State and Zip C	Code		
	Ful. E-mail address: (to be use	LERTON 1 St @	Smail. com		
	is-mail address. (to be us	ed for future annual rep	port normation)		
For further information co	ncerning this matter, pleas	e call:			
	Fulle & TON ontact Person	at (<u>954</u> Area	Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy is enclosed)	& \$\int \square \square \square \square \quare \qq \quare \quare \quare \quare \quare \quare \quare \quare \quare		
Amendn Division P.O. Bo:	Address nent Section of Corporations x 6327 sec. F1, 32314	Am Div The 24	eet Address lendment Section vision of Corporations e Centre of Tallahassee 15 N. Monroe Street, Suite 810 lahassee, FL 32303		

Articles of Amendment to Articles of Incorporation of

	MENTS, InC filed with the Florida Dept. of State)
P 2 00000 1340	
(Document Number of	
Pursuant to the provisions of section 607,1006, Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
FULLERTON CAPITAL I name must be distinguishable and contain the word "corporation." "co" Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	FULLERTON CAPITAL INC 3301 N. University Drive
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	(Suite 100 # 1008), Coral Springs, Fl 33065 Fullerton Capital, Inc. 3301 N. University Drive, (suit 100 #1008) Coral Springs, Fl 33065
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent STRATEGY	IRM, 11C
3301 N. Universit	y Dr. (Suit 100 #1008)
New Registered Office Address: COPAL SPRING	S, Florida 336&5 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second s	ith and accept the obligations of the position. Spiritered Agent, if changing

Check if applicable

 \square 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)

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: <u>X</u> Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
_ <u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) _X_ Change Addless	<u> </u>	FULLERTON, MATTHEM	3301 N. University Dr. Suite 100 # 1008
Add Remove	. 4		CORA SPLINGS, FL 33065
2) _ メ _ Change AddleAst	· VP.	Full GROW, SHAUNAKAY	3301 N. University Dr. Suite 100 #1008
Remove 3) Change			LORAL SPRINGS, FL 33065
Add			
Remove 4) Change			
Add			14:34
5) Change Add			
Remove			
6) Change			
Romava			

mach additional sheets, if necessary). (Be specific)		
	 -	
	* 5	\
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	,	2.77
rovisions for implementing the amendment if not contained in the amendment itself:		į
(if not applicable, indicate N/A)) C:	•
		•
		
	·· *.	
	<u> </u>	

The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, topartment of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholde	er action and shareholder
★ The amendment(s) was/were added by the shareholders was/were set	opted by the shareholders. The number of votes cast for the amend flicient for approval.	ment(s)
	proved by the shareholders through voting groups. The following seach 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)	7027 (J.E.) 48
		7 <u>5.</u> 7 7.
Dated Jul	y 07, 2023	1
	3	<u>දා</u>
Signature	1.	
selecte	recor, president or other officer—if directors or officers have not d, by an incorporator—if in the hands of a receiver, trustee, or othe ed fiduciary by that fiduciary)	been 🗀 😓 😕
	MATTHEN FULLERTON	
	(Typed or printed name of person signing)	
	ρ.	
	(Title of person signing)	

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