P200000 24283

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LAW OFFICE

OF

JOHN A. WATSON

JOHN A. WATSON

2501 East Commercial Boulevard, Suite 208 Fort Lauderdale, Florida 33308 Telephone (954) 289-5990 Facsimile (954) 337-2722 Cell (954) 803-7515 PLEASE REPLY TO: P. O. Box 11066 Fort Lauderdale, Florida 33339

July 16, 2020

jwatson@johnwatsonlaw.com

VIA FEDEX

Attn: Amendment Section Florida Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Florida 32303

RE: Amended Articiles of Incorporation for Xscope, Inc.

Document No. P20000024283

Dear Sir:

Please find enclosed Amended Articles of Incorporation for Xscope, Inc. for filing together with this firm's trust account check in the amount of \$35.00 for the filing fee.

Thank you for your attention to this matter. If you have any questions with regard to the foregoing, please do not hesitate to contact me. I can best be reached on my cell phone (954-803-7515).

Sincerely,

JOHN A. WATSON

For the Firm

JAW:js Enclosures

COVER LETTER

TO: Amendment Section Division of Corporations

, , , , , ,

| NAME OF COR | PORATION: XSCOPE, INC. | | |
|--|--|--|---|
| DOCUMENT N | P20000024283 | | · · · · · · · · · · · · · · · · · · · |
| The enclosed A <i>rti</i> | cles of Amendment and fee are su | bmitted for filing. | |
| Please return all c | orrespondence concerning this ma | tter to the following: | |
| | LEOPOLDO ROSSI | | |
| | | Name of Contact Persor | 1 |
| | | Firm/ Company | |
| | 6711 NW 44th Street | | |
| | | Address | |
| | Coral Springs, FL 33067 | | |
| | | City/ State and Zip Code | : |
| | leorossileon@gmail.com | | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further inform | nation concerning this matter, plea | se call: | |
| Leopoldo Rossi | | at (| 812-1980 |
| Na | ame of Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a chec | ck for the following amount made | payable to the Florida Depa | artment of State: |
| \$ \$35 Filing Fe | ee S43.75 Filing Fee & Certificate of Status | S43.75 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 | | Amend Divisio The C | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

VSCOPE INC

2018.7 17 mili:05

| | ASCOr. | E, INC. | <u> </u> |
|--|------------------------------|--|--------------|
| (Name o | of Corporation as current | ly filed with the Florida Dept. of State) | |
| | XSCOP | E, INC. | |
| | (Document Number of | of Corporation (if known) | |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 1006, Florida Statutes, this | Florida Profit Corporation adopts the following amend | lment(s) to |
| A. If amending name, enter the new na | ame of the corporation: | | |
| name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association," | Corp," "Inc," or "Co". | The recompany," or "incorporated" or the abbreviation "Corporation name must contain the w | p., " |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | 6711 NW 44th Street | |
| | | Coral Springs, FL 33067 | _ |
| | | | - |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | | 6711 NW 44th Street | _ |
| | | Coral Springs, FL 33067 | _ |
| D. If amending the registered agent ar new registered agent and/or the new | w registered office addres | | - |
| Name of New Registered Agent | LEOPOLDO ROSSI | | |
| | 6711 NW 44th Street | | |
| | (Florida st | reet address) | |
| New Registered Office Address: | Coral Springs | , Florida | _ |
| | | (City) (Zip Code) | |
| New Registered Agent's Signature, if of Thereby accept the appointment as registered. Check if applicable | vered agent. Jum familidr | with and accept the obligations of the position. Registered Agent if changing | |
| ☐ The amendment(s) is/are being filed p | oursuant 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> | John Doe | |
|-------------------------------|--------------|-------------------|-----------------------------|
| X Remove | <u>v</u> | 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) X Change | Р | LEOPOLDO ROSSI | 6711 NW 44th Street |
| Add | | | Coral Springs, FL 33067 |
| Remove | | | |
| 2) Change | VP | BRYAN C. MITCHELL | 3750 Galt Ocean Drive, #704 |
| Add | | | Fort Lauderdale, FL 33304 |
| X Remove 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | <u>-</u> |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) |
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| If an amendment provides for an excl | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame (if not applicable, indicate N/A) | endment if not contained in the amendment itself: |
| (g not applicance, marcare, with | |
| | |
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| The date of each amendment(s) date this document was signed. | adoption: | , if other than the |
|---|--|--|
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendmer | at file date) |
| Note: If the date inserted in this document's effective date on the I | block does not meet the applicable statutory filing re Department of State's records. | equirements, this date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were a action was not required. | dopted by the incorporators, or board of directors with | out shareholder action and shareholder |
| ☐ The amendment(s) was/were a by the shareholders was/were | dopted by the shareholders. The number of votes east sufficient for approval. | for the amendment(s) |
| | pproved by the shareholders through voting groups. To each voting group entitled to vote separately on the | |
| "The number of votes ca | st for the amendment(s) was/were sufficient for approx | val |
| by | | <u>_</u> |
| | (voting group) | |
| | diffector, president-or-other-officer-IT directors or off | |
| | ted, by an incorporator – ikin the hands of a receiver, t inted fiduciary by that fiduciary) | rustee, or other court |
| | LEOPOLDO ROSSI | |
| | (Typed or printed name of person signing | g) |
| | President | |
| | (Title of person signing) | |