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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	A Southerland inc
DOCUMENT NUMBER: \$2000	DCC 37887
The enclosed Articles of Amendment and fee are sub-	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
William	Name of Contact Person A Southerland, ne Firm/ Company
- William	A Southerland, re
GAMESUL	Address /e +1 32607 City/ State and Zip Code
H-mail address: (to be use	City/ State and Zip Code Acriand 62 @ a.maril. com ed for future annual report notification)
For further information concerning this matter, pleas	
William A Southerfrond Name of Contact Person	at (<u>352</u>) <u>792 - 3405</u> Area Code & Davtime Telephone Number
Enclosed is a check for the following amount made p	sayable to the Florida Department of State.
\$35 Filing Fee \$\sum \text{S35 Filing Fee & Certificate of Status}\$	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Articles of Incorporation

William A Son		
(<u>Name of Corporati</u>	on as currently filed with the Florid	la Dept. of State)
f2000003		
(Docum	nent Number of Corporation (if know	n)
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	i Statutes, this Florida Profit Corpor	ation adopts the following amendment(s) to
A. If amending name, enter the new name of the co		The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc. "chartered," "professional association," or the abbre	orporation," "company," or "incorpor " or "Co", A projessional corpor	rated" or the abbreviation "Corp"
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADI</u>		- POPULATION OF THE POPULATION
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>	1.30
D. If amending the registered agent and/or register		the name of the
new registered agent and/or the new registered Name of New Registered Agent	office address:	
	(Florida street address)	
New Registered Office Address:	(City)	, Florida
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the ob	

Signature of New 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)

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	<u>PT</u>	John Do	<u>oc</u>	
X Remove	\underline{V}	Mike Jos	<u>nes</u>	
X Add	<u>SV</u>	<u>Sally Sn</u>	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_		
Remove				

	ling additional Art heets, if necessary).	(Be specific)				
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'an amendment n	provides for an excl	hanve reclassific	eation or cancell	ation of issued sl	hares.	
ravisions for im	plementing the ame	endment if not ec	ntained in the a	nendment itself		
** ** * B.	ble, indicate N/A)				-	
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The date of each amendment(s) adoption:late this document was signed.	, if other than the
Effective date if anylicable:	
(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 document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes east for the amendment(s) was/were sufficient for approval	
by"	
hy	
Signature Signature Souther	
(Typed or printed name of person signing)	
(Title of person signing)	
(i me oi person signing)	