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(Re	equestor's Name)					
(Ad	ldress)					
(Ac	ldress)					
(Ci	ty/State/Zip/Phone	e #)				
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: MOON TOWER R	ACING CORPORA"	TION	
	BER: P20000072283			
	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	tter to the following:		
	JODI-ANN WALLACE			
	JOSEPH C. KEMPE P.A.	Name of Contact F	Person	
	· · · · · · · · · · · · · · · · · · ·	Firm/ Compar	ny	
	941 N. HIGHWAY A1A		.,,	
		Address		
	JUPITER, FL 33477			
		City/ State and Zip	p Code	
	JWALLACE@JCKEMPE.C	ОМ		
	E-mail address: (to be us	sed for future annual r	report notification)	
For further informati	on concerning this matter, pleas	se call:		
JODI-ANN WALLO	CE _	at (747-3700	
Name	of Contact Person	Are	ea Code & Daytime Telephone Number	
Enclosed is a check t	for the following amount made	payable to the Florida	a Department of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fe Certified Copy (Additional copy enclosed)	Certificate of Status	
An Di P.(niling Address nendment Section vision of Corporations D. Box 6327 Hahassee, FL 32314	А D Т 2-	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

(Name o	f Corporation as curren	ly filed with the Florida Dept	. of State)	
P20000072283				
	(Document Number	of Corporation (if known)		
ursuant to the provisions of section 607. s Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation ad	lopts the following amo	endment(
If amending name, enter the new na	me of the corporation:			
ame must be distinguishable and contain	the word "corneration "	'an "incomposited"		new
ame must be aistinguisnable and contain Inc.," or Co.," or the designation "C chartered," "professional association,"	Corp, " "Inc," or "Co".	A professional corporation no		
B. Enter new principal office address,	941 N. HIGHWAY A1A		<u>, </u>	
Principal office address MUST BE A S	JUPITER, FL 33477	1100)))	
			-	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		941 N. HIGHWAY A1A		<u> </u>
		JUPITER, FL 33477	г	?
				32
. If amending the registered agent an new registered agent and/or the new			ne of the	
	N/A			
	(Florida s	trect address)		
None Brainway LOTTer Address	N/A		, Florida ^{N/A}	
New Registered Office Address:		(City)	, FIORIGA	
lew Registered Agent's Signature, if c hereby accept the appointment as regist			a af tha nasitis	
nereny accept the appointment as regist	erea agem, - ram jammar	with and accept the obligation.	s of the position.	
	Signature of New	Registered Agent, if changing		
Check if applicable				
The amendment(s) is/are being filed p	ursuant 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 Do	<u>c</u>	
X Remove	Y	Mike Jos	nes	
X Add	<u>sv</u>	Sally Sm	nith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) N/A Change	N/A		N/A	N/A
Add				
Remove				
2) Change	· 	_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				

E. <u>If amendin</u> (Attach <i>add</i>	ng or adding addition litional sheets, if neces	al Articles, enter ch sary). (Be specific,	ange(s) here:		
N/A		(20 apadyse)	•		
	.				
				·	
		<u> </u>	<u> </u>		
	·	·			
<u></u>					
					
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					<u>. </u>
F. <u>If an amen</u>	dment provides for a	in exchange, reclass	ification, or cancel	ntion of issued share	es.
<u>provision</u> (<i>if no</i> :	s for implementing the applicable, indicate it	<u>ie amenament it no</u> WA)	t contained in the a	menament itseir:	
N/A	••	•			
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<u> </u>					
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NOVEMBER 17,2020	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
NOVEMBER 17,2020	
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, document's effective date on the Department of State's records.	this date will not be listed as t
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without sharehold action was not required.	er action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following a 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)	
Signature (By a director president or other officer – if director or officers have not selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	
appointed fiduciary by that fiduciary)	
THOMAS J. ROONEY	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	