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R. WHITE FEB 25, 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: TONI'S.GRAPHIC	CS, INC.	
DOCUMENT NUME			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	itter to the following:	
	ANTOINETTE PECK		
	<u>-</u>	Name of Contact Person	1
	TONI'S, GRAPHICS, INC.		
		Firm/ Company	
	1602 CARDINAL ROAD		
		Address	
	ORLANDO, FL 32803		
		City/ State and Zip Code	e
	ARTTESTED@GMAIL.CO	M	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se cali:	929-0254
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made		
S35 Filing Fee	□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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

Articles of Amendment to Articles of Incorporation

of TONI'S.GRAPHICS, INC.

(Name of Corporat	ion as currently filed with the Florida Dept. of State)
(Docum	ment Number of Corporation (if known)
	la Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:
TONI.GRAPHICS, INC.	
name must he distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation "Corp.," " or "Co". A professional corporation name must contain the word eviation "P.A."
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADL</u>	<u>DRESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>x</u>)
). If amending the registered agent and/or register new registered agent and/or the new registered of	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	
•	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
iew Registered Agent's Signature, if changing Reging hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
Signa	ture 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:

X Change	<u>PT</u>	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>	Address
l) Change			_
Add			
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove		_	
δ) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
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an amendment provider for an analy					
an amendment provides for an excha	nge, reclassificatio	n, or cancellation	<u>on of issued sha</u> ndment itself:	res,	
(if not applicable, indicate N/A)	-				
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The date of each amendment(s date this document was signed.) adoption:, if other than th
Effective date if applicable:	1/17/2020
 	(no more than 90 days after amendment file date)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
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 shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	sufficient for approval.
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
	st for the amendment(s) was/were sufficient for approval
by	,,
select	director president of oper officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	ANTOINETTE PECK
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)