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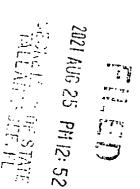
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A. Butter

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: Head	Games I	v.C		
DOCUMENT NUMBER: P210000	34678			
The enclosed Articles of Amendment and fee are s	submitted for filing.			
Please return all correspondence concerning this m	natter to the following:			
Michael	Vega			
VP Enter	prises Mo	nagement Inc		
600 SW	Darwin F			
Port St L	uce Fl 3			
	City/ State and Zip Code			
E-mail address: (to be	used for future annual report	notification)		
For further information concerning this matter, ple				
	inc can.			
Michael Vega	at (772	,626-3246		
Name of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount mad	e payable to the Florida Depa	artment of State:		
\$\sigma\$\	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Address		
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		on of Corporations entre of Tallahassee		
Tallahassee, FL 32314		N. Monroe Street, Suite 810		

Tallahassee, FL 32303

Tallahassee, FL 32314

Articles of Amendment to

Articles of Incorporation Name of Corporation as currently filed with the Florida Deption State) PH 12: 53 (Document Number of Corporation (if known) 1411/11 Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address)

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(City)

(Zip Code)

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, at 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 = Chai

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 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 Chang 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			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>			Address
1) Change	VP	VP	Enterpasses	and Assec	lates SW Darwin Blu
Add			·		Ste 201
Remove					Post St. Weire, Fl 3499
2) Change					
Add					
Remove 3) Change					
Add					
Remove					
4) Change			<u>.</u>		<u></u>
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					<u> </u>
Remove					

nach adamonar sneer.	additional Articles, of s, if necessary). (Be	specific)			
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<u>an amendment prov</u>	<u>vides for an exchange</u>	, reclassification,	or cancellation o	l issued shares,	
rovisions for implen	menting the amendme	ent if not containe	ed in the amendm	ient itseit:	
(if not applicable,	marcate iv/x)				
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				<u>-</u>	
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The date of each amendment(s) adoption:	, if other than tl
date this document was signed.	
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, this date document's effective date on the Department of State's records.	ite will not be listed as tl
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.	on 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.	s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by``	
by	
Dated 8-23-2021	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other con appointed fiduciary by that fiduciary)	rt
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
(Title of person signing)	