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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: ON POINT	FOOTWEAR INC.							
DOCUMENT NUMBER: P21000025597								
The enclosed Articles of Amendment and fee are submitted for filing.								
Please return all correspondence concerning	this matter to the following:							
GUSTAVO VALDEZ	Z DEL AGUILA							
	Name of Contact Person							
ON POINT FOOTW	ON POINT FOOTWEAR INC.							
<del></del>	Firm/ Company							
1541 SUNSET DR, SUITE 302A								
	Address							
CORAL GABLES, F	L 33143							
<del></del>	City/ State and Zip Code							
gvaldcz@wellcoperus	ana.com.pe							
E-mail address: (	(to be used for future annual report notification)							
For further information concerning this matt	er, please call:							
GUSTAVO VALDEZ DEL AGUILA	786 523-8821							
Name of Contact Person	Area Code & Daytime Telephone Number							
Enclosed is a check for the following amoun	nt made payable to the Florida Department of State:							
S35 Filing Fee S43.75 Filing Certificate of S								
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	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

ON POINT FOOTWEAR INC.

(Name	of Corporation as currer	ntly filed with the Florida De	ept. of State)
P21000025597			
	(Document Number	of Corporation (if known)	- 1 - 11 - N - V
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Chartered," "professional association,	Corp," "Inc," or "Co".	A professional corporation	
B. Enter new principal office address,	if applicable:	1541 SUNSET DR	
(Principal office address MUST BE A STREET ADDRESS)		SUITE 302A	
		CORAL GABLES, FL 33143	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1541 SUNSET DR	
		SUITE 302A	
		CORAL GABLES, FL 33143	
D. If amending the registered agent an new registered agent and/or the ne			ame of the
Name of New Registered Agent	ACBOTAX, CORP		
	1541 SUNSET DR, SUI	TE 302A	
	(Florida :	street address)	
New Registered Office Address:	CORAL GABLES		Florida
		(City)	(Zip Code)
	<b>/</b> .		
New Registered Agent's Signature if of thereby accept the appointment as regis			ons of the position.
The state of the s	JULY XI		
•	Signature of New	Registered Agent, if changing	?
Check if applicable  ☐ 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)

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 $\underline{\mathsf{V}}$ Mike Jones X Add SV Sally Smith Type of Action Title Address Name (Check One) MARIEL VALDEZ DAWSON 480 COCONUT PALM PKWY VS 1) \_\_\_\_ Change PONTE VEDRA, FL 32081 \_\_ Add Remove PTD GUSTAVO VALDEZ DEL AGUILA JIRON CONCHUCOS 510 \_ Change LIMA, PE 15003 PE \_\_\_ Add \_ Remove 3) \_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove 4) \_\_\_\_ Change \_\_\_ Add Remove 5) \_\_\_\_ Change \_\_\_ Add \_\_ Remove 6) \_\_\_\_ Change \_ Add Remove

(Mitacii a	ding or adding additional Articles, enter change(s) here:  dditional sheets, if necessary). (Be specific)	
ADD FEI/E	IN NUMBER: 32-0651334	
		·
		<u> </u>
		·
provisi	endment provides for an exchange, reclassification, or cancellation of issued sons for implementing the amendment if not contained in the amendment itself not applicable, indicate N/A)	hares, <u>:</u>
		·· <del>·</del>
		<del>-</del>

	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(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 requirement. Department of State's records.	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	idopted by the incorporators, or board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes cast for the am sufficient for approval.	endment(s)
	approved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	."	
· —	(voting group)	
Decembe Dated	er 7th/2021	
Signature <b>K</b>		
	director, president or other officer - if directors or officers have	
	ted, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	other court
шррс		
	GUSTAVO VALDEZ DEL AGUILA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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