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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	Global Capital Corp.			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Address PO Box N(w)	Name of Contact Person Too Global Capital Corp. Firm/ Company 1200 Address York, NY 10159 City/ State and Zip Code Al Capital. Com sed for future annual report notification)			
For further information concerning this matter, please call:				
Michael GRAY	at (202) 945 - 2342 Area Code & Daytime Telephone Number			
Name of Contact Person /	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status 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			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment Articles of Incorporation

of	poration
	
I con Global financia	AL Corporation Ine (1)
(Name of Corporation as currently t	filed with the Florida Dept. of State)
	7 13 119
P21000043	, i
(Document Number of C	Corporation (if known)
Dominion and the manifold of the control of the con	24/2
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Statutes, the statutes of the sta	oriaa Profit Corporation adopts the following amendments) to
as Afficies of incorporation.	· · · · · · · · · · · · · · · · · · ·
A. If amending name, enter the new name of the corporation:	` ·
	_
name must be distinguishable and contain the word "corporation," "cor	Corp. The new
"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p	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)	
(interpart office and recorded in the second interpretation of the second	N/A
C. Enter new mailing address, if applicable:	NEW YORK, NY 10159
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
	NEW YORK, NY 10159
•	
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
The state of the s	A 1 / 2
	<u>/ / / / A </u>
(Florida street	t address)
	m
New Registered Office Address:	Florida (Zip Code)
Ιζ.	ny) (Ap Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.

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: X_Change	<u>714</u>	John Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change				
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add			$//\Lambda$	
Remove			11/1	
4) Change				
Add .			•	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

	(Be specific)
<u> </u>	
 	
	X / / ^
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	•
	nge, reclassification, or cancellation of issued shares, lment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	
- · · · · · · · · · · · · · · · · · · ·	
	A

The date of each amendment(s) adoption	1:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after am	nendment file date)
Note: If the date inserted in this block do document's effective date on the Departme		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	v the incorporators, or board of director	ors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient		tes cast for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each verified.		
"The number of votes cast for the	amendment(s) was/were sufficient for	approval
by	(voting group)	<u></u> .
	(voting group)	
selected, by an	president or other officer – if director incorporator – if in the hands of a reciary by that fiduciary)	
	(Typed or printed name of person (Title of person rigning)	sign(ng)
	CEO /Prisi.	deat
	(Title of person rigning)	