## P22000058763

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SECRETARY OF STATE

NOV 28 7022

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MUGHAL PAY IN	C			
DOCUMENT NUM	BER: P22000058763				
	of Amendment and fee are sub	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	JAMES SKOW				
	<del></del>	Name of Contact Person			
	JAMES SKOW PA				
	Firm/ Company				
	139 EXEUTIVE CIRCLE, ST	TE 103			
		Address			
	DAYTONA BEACH FL 321	74			
		City/ State and Zip Code			
	jskow@skowlaw.com				
	•	ed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:	310-4894		
Name	of Contact Person	at (Area Coo	de & Daytime Telephone Number		
	or the following amount made		•		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 tlahassee, FL 32314	Amend Division The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

MUGHAL PAY INC	
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P22000589	163
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
MOGUL PAY CORP	The new
name must be distinguishable and contain the word "corporation," "or "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". I "chartered," "professional association," or the abbreviation "P.A."	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
and the second office old	lease in Florida, ontor the name of the
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	S:
	<u></u>
Name of New Negistered Agent	
(Florida st	reet address)
1000 121	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Signature of New i	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 Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			<u></u>
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)		
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provisions for implementing the am-	hange, reclassification, or endment if not contained i	cancellation of issued sha n the amendment itself:	res,
f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassification, or endment if not contained i	cancellation of issued shan the amendment itself:	res,
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f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A)	hange, reclassification, or endment if not contained i	cancellation of issued shan the amendment itself:	res,

	07/28/22	
The date of each amendment(s) adoption: date this document was signed.		, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requirements, this of State's records.	s date will not be listed as the
Adoption of Amendment(s) (C	CHECK ONE)	
The amendment(s) was/were adopted by the action was not required.	he incorporators, or board of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the amendme or approval.	ent(s)
	the shareholders through voting groups. The following stating group entitled to vote separately on the amendment(s):	'ement
"The number of votes east for the ar	nendment(s) was/were sufficient for approval	
by	,n	
(1	voting group)	
07/28/22		
Dated		
Signature		
(By a director, pi selected, by an ii	resident or other officer – if directors or officers have not be neorporator – if in the hands of a receiver, trustee, or other of any by that fiduciary)	court
JAZ MU		To the second se
<del></del>	(Typed or printed name of person signing)	
PRESID	ENT Have ( value)	
	(Title of person signing)	