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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: CROWNGLOBE I	ne.	
	1BER: P23000060457		
The enclosed Article	es of Amendment and fee are sul	omitted for filing.	
Please return all cor	respondence concerning this mat	ter to the following:	
	VINUBHAI PATOLIA		
		Name of Contact Person	1
	CROWNGLOBE Inc.		
		Firm/ Company	
	110 ATSION WAY	·	
	•	Address	
	CHESTERFIELD NJ 08515		
		City/ State and Zip Cod	e
	info@crownglobe.com		
	E-mail address: (to be us	ed for future annual report	notification)
For further informat DIXITA DESAI	ion concerning this matter, pleas		248 4300
Name of Contact Person		Area Co) 248 4300 de & Daytime Telephone Number
Enclosed is a check	for the following amount made p	payable to the Florida Depa	artment of State:
□ \$35 Filing Fce	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ailing Address		Address
	mendment Section	Amendment Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CROWNGLOBE Inc. (Name of Corporation as currently filed with the Florida Dept. of State) 4: 34 P23000060457 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: NOT APPLICABLE 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." NOT APPLICABLE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: NOT 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: NOT APPLICABLE Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: 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

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.

X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	TD	VINUBHAI PATOLIA	110 ATSION WAY
X Add			CHESTERFIELD NJ 08515
Remove			
2) Change	<u>T</u>	HITESHRI PATOLIA	110 ATSION WAY
Add			CHESTERFIELD NJ 08515
X Remove 3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary	ticles, enter change(s) here: (Be specific)		
OT APPLICABLE			
	·		
		-	
			
			_
	_ .		
		·	
 If an amendment provides for an exprovisions for implementing the ar 	hange, reclassification, or ca endment if not contained in	incellation of issued shares, the amendment itself:	
(if not applicable, indicate N/A)			
IXITA DESAI TRANSFERS 50 SHAF	ES TO VINUBHAI PATOLIZ	AT A COST OF 500\$.	

	11-23-2023	20 1 1
The date of each amendment(s) a date this document was signed.	doption:	II other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this expartment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder ac	tion and shareholder
■ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendmen ifficient for approval.	u(s)
	proved by the shareholders through voting groups. The following states each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u></u>	
•	(voting group)	
11-23-2023		
Dated		
Signature	>ixita	
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other co ted fiduciary by that fiduciary)	
	DIXITA DESAI	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	