

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ROBERT D. ROYSTON

Account Number : I20150000047

Phone

: (239)205-2225

Fax Number : (239)205-2016

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address:

rroyston@rroystonlaw.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN **OUTFIT TRADING, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

MAY 05 2016

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From: Rob Royston

Fax: (239) 205-2225 💡

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Fax: +1 (850) 617-6380

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Articles of Amendment to Articles of Incorporation

SECRETARY OF STATE TALLAHASSEE, FLORIDA

utfit Trading, Inc.	of	
	At a second of the second of t	
	tion as currently filed with the Florida Dept. of State)	
94000028155		
(Docu	iment Number of Corporation (if known)	
rsuant to the provisions of section 607,1006, Florid	da Statutes, this Florida Profit Corporation adopts the following amendmen	nt(s) to
Articles of Incorporation:		
If amending name, enter the new name of the	corporation:	
	The new	
me must be distinguishable and contain the wo	ord "corporation," "company," or "incorporated" or the abbreviation	
Corp., " "Inc.," or Co.," or the designation "Corp.	p," "Inc," or "Co". A professional corporation name must contain the	
rd "chartered," "professional association," or th	• •	
Enter new principal office address, if applicab		S
incipal office address <u>MUST BE A STREET AD</u>	DDRESS) Kotzinger Straße 2a	
	Traunstein 83278 Germany	
•		
Enter new mailing address, if applicable:		14,
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
		•
If amending the registered egent and/or regist	ered office address in Florida, enter the name of the	
If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent	ered office address in Florida, enter the name of the d office address:	
new registered agent and/or the new registered	d office address:	
new registered agent and/or the new registered		
new registered agent and/or the new registered	d office address: (Florida street address) , Florida	
Name of New Registered Agent	d office address: (Florida street address)	
Name of New Registered Agent	d office address: (Florida street address) , Florida	
Name of New Registered Agent New Registered Office Address:	d office address: (Florida street address) Florida (City) (Zip Code)	
Name of New Registered Agent New Registered Office Address: We Registered Agent's Signature, if changing Re	d office address: (Florida street address) Florida (City) (Zip Code)	
Name of New Registered Agent New Registered Office Address: We Registered Agent's Signature, if changing Re	d office address: (Florida street address) , Florida (City) (Zip Code)	
Name of New Registered Agent New Registered Office Address: We Registered Agent's Signature, if changing Re	d office address: (Florida street address) , Florida (City) (Zip Code)	
Name of New Registered Agent New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.	(Florida street address) (Florida street address) (City) (Zip Code) registered Agent: I am familiur with and accept the obligations of the position.	
Name of New Registered Agent New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Reserved agent.	d office address: (Florida street address) , Florida (City) (Zip Code)	
Name of New Registered Agent New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Reserved agent.	(Florida street address) (Florida street address) (City) (Zip Code) registered Agent: I am familiur with and accept the obligations of the position.	
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Name of New Registered Agent New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Reserved agent.	(Florida street address) (Florida street address) (City) (Zip Code) registered Agent: I am familiur with and accept the obligations of the position.	

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To:

If amending the Officers aud/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	PT John Due		
X Remove	V Mike Jones		
X Add	SV Sally Smith		
Type of Action (Check One)	Title Name	Address	
1) Change	VP Simone Eaton	P.O. Box 993	
x Add		Lehigh Acres, FL 33970	
Remove			
2) Change	<u> </u>		
Add		*	
Remove		4	
3) Change			
Add			
Remove		• • • • • • • • • • • • • • • • • • •	
4) Change		·	<u> </u>
Add			
Remove			
5) Change	<u> </u>		
Add			
Remove			
δ) Change			
Add			
Remove			<u></u>
	Page 2 of 4		

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Attach additional sheets, If necessary). (Be specific)	
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f an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
an amendment provides for an exchange, reclassification, or cancellation of issued shares,	-
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The date of each amendment(s) adoption: , if other than the 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 will not be listed as the document's effective date on the Department of State's records. (CHECK ONE) Adoption of Amendment(s) The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes east for the amendment(s) was/were sufficient for approval (voting group) The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. May 3, 2016 Dated 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 court appointed fiduciary by that fiduciary) Peter Mallmann (Typed or printed name of person signing)

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