P95000051113

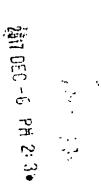
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TO: Amendment Sect Division of Corp				1811 DEC -6 PH 2:3*
NAME OF CORPO	RATION: SABA OIL, INC.			70
DOCUMENT NUM	P95000051113			2.3
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		•
Please return all corre	spondence concerning this ma	tter to the following:		
	TERENCE MATTHEWS			
		Name of Contact Persor	1	
	TERENCE MATTHEWS, C	HARTERED		
		Firm/ Company		
	•	Address	-	
		City/ State and Zip Code	c	
tmlav	w.office@verizon.net			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
TERENCE MATTH	EWS, ESQ.	941 at (755 8583	
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisic Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



SABA OIL, INC.

(Name of Corpo	tion as currently filed with the Florida Dept. of State)
P95000051113	
(De	iment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of th	corporation:
BYWAY GROUP, INC.	The new
	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applic</u> (Principal office address <u>MUST BE A STREET</u> .	
	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	<u>OX</u>)
D. If amending the registered agent and/or reg new registered agent and/or the new registe	ered office address in Florida, enter the name of the d office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	egistered Agent: I am familiar with and accept the obligations of the position.
	mature of New Registered Agent if changing

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 Doc	
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		<u> </u>	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 (1)			
5) Chunge			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)				
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f an amendment provides for an exch provisions for implementing the ame	nange, reclassificated and record	<u>ition, or cancella</u> itained in the an	ition of issued sh nendment itself:	nares,	
(if not applicable, indicate N/A)					
					
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NOVEMBER 22, 2017	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
IMMEDIATELY	
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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval	
by"	
(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.	
DatedNOVEMBER 22, 2017	
Signature	
(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)	
KOUROSH ATTARI	
(Typed or printed name of person signing)	
PRESIDENT AND DIRECTOR	

(Title of person signing)