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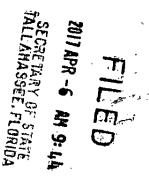
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Handy Ladies Inc DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Susan K Davis Name of Contact Person Priority Project Resources Firm/ Company 6553 46th Street N, Suite 908 Address Pinellas Park FL 33781 City/ State and Zip Code susan@pprtampabay.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 520 8801

Area Code & Daytime Telephone Number Susan K Davis Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle '

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Handy Ladies Inc				
(Name of Corporat	tion as currently filed with th	e Florida Dept. of State)		
P95000080579				
(Docu	ment Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floric its Articles of Incorporation:	da Statutes, this Florida Profit	Corporation adopts the fo	llowing amendment	(s) to
A. If amending name, enter the new name of the c	corporation:			
Priority Project Resources Inc			The new	
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered," "professional association," or the	p," "Inc," or "Co". A profe		the abbreviation	
B. Enter new principal office address, if applicable	<u></u>			
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u>)	. *** 	2011 APR - 6	ā =
D. If amending the registered agent and/or registered new registered agent and/or the new registered		, enter the name of the	PLORIDA	.1 7
Name of New Registered Agent				
	(Florida street address)		 	
New Registered Office Address:		, Florida_		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Re- I hereby accept the appointment as registered agent.		t the obligations of the pos	iition.	
Sign	nature of New Registered Ager	nt. 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.

Example: X Change	<u>PT</u>	John Doc	2	
X Remove	<u>V</u>	Mike Jon	<u>ies</u>	
X Add	<u>sv</u>	Sally Sm	<u>ith</u>	
Type of Action (Check One)	<u>Title</u>	j	<u>Name</u>	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
				
5) Change		- -		
Add				
Remove				
6) Change				
Add		. -	<u>. </u>	
Remove				
ITOTALO VO				

attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
PROCESS 1	
······································	
	
<u> </u>	
an amendment provides for an exchorovisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	·

The date of each amendment(s) added this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this date variation of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 add action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
March 30, 2	2017	
Dated	san K Davis	
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Susan K Davis	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	