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./	Amendment Section Division of Corporations							
•	1E OF CORPORATION: MOSS 100 INC. CUMENT NUMBER: P9600061243							
•								
	enclosed Articles of Amendment and fee are submitted for filing.							
	se return all correspondence concerning this matter to the following:							
	Mician Soldner							
	Name of Contact Person							
	105man, Tric							
	1118 No Later Company							
	Lake Wath FL 33460							
	City/ State and Zip Code							
	Mim, Selener Whancil. (on							
	E-mail address: (to be used for future annual report notification)							
or	further information concerning this matter, please call:							
	Gilles Furnat at 305, 360-1406							
	Name of Contact Person Area Code & Daytime Telephone Number							
,£nc	losed is a check for the following amount made payable to the Florida Department of State:							
'	\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)							

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Mosman Inc.			
Pacon (Name of Corpor	ration as currently filed with	the Florida Dept. of State)	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	cument Number of Corporation	ı (if known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this <i>Florida Proj</i>		owing amendment(s) to
A. If amending name, enter the new name of the	e corporation:		
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the comments of the contract o	orp," "Inc," or "Co". A pro	ny," or "incorporated" or th fessional corporation name m	The new e abbreviation ust contain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			
			~
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	· -	FILED TO PI
			707 1:
D. If amending the registered agent and/or registered agent and/or the new registered		da, enter the name of the	
Name of New Registered Agent			
			
	(Florida street address)		
New Registered Office Address:	(City)	, Florida	Zip Code)
	(0.0)	,	 ,
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen		ept the obligations of the positi	on.
s	ignature of New Registered Ag	ent, 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	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	$\sqrt{}$	Gilles tunat	1118N. Lakesida .
X_ Add		·	iate wath, th
Remove	\circ		33460
2) Change	5_	Minan selder	118 1. Lake She D
Add Remove			32460
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	 		
Add			
Remove			

ttach <i>addition</i>	al sheets, if necessary,). (Be specific)				
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						-
an amendme provisions for (if not app	nt provides for an eximplementing the arlicable, indicate N/A)	change, reclassifi nendment if not c	ication, or cancel contained in the a	lation of issued <u>s</u> mendment itself:	hares,	
	ARJ-F-2L					
						

The date of each amendment(s) adoption: 100/2016 date this document was signed.	, if other than the
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 wildocument's effective date on the Department of State's records.	Il 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.	
Dated	
Signature Decall Soldie	
(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)	
Debraw Seldner (Typed or printed name of person signing)	
President	15/2
(Title of person signing)	