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SCORLIAN OF STATE
ALLAHASSEE, FLORID

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#### **COVER LETTER**

TO: Amendment Section Division of Corpo			1 1 - 01-			
NAME OF CORPOR	Par	Industries 1	NC Felican	unged to. Bay Cor		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.				
Please return all corresp	pondence concerning this ma	tter to the following:	•			
- -	8644 N CORU	Name of Contact Person  M PSON CPA  Firm/ Company	- P.A. RIVE H 33065	 		
For further information	concerning this matter, pleas	se call:				
	1 m PSON f Contact Person	at ( <u>954</u> Area Co	7 96. 056 de & Daytime Telephone Numb	<u> </u>		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
\$35 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)			
Mailing Address		Street Address				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

#### Articles of Amendment

to

### Articles of Incorporation

Mal) Industries 1	) <u>(</u>
(Name of Corporation as currently filed wi	<del></del>
P96 0000 94	438
(Document Number of Corporat	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida P</i> its Articles of Incorporation:	rofit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Pelican Bay CORP.	The new
name must be distinguishable and contain the world corporation," "com "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or "Co". A pword "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	20 SW 20 St #1
C. Enter new mailing address, if applicable:	20 SW 20 St #1 rt Lauderdate, F1. 33317
(Mailing address MAY BE A POST OFFICE BOX)	10 Box 8061
D. If amending the registered agent and/or registered office address in Flonew registered agent and/or the new registered office address:	orida, enter the name of the 33065
Name of New Registered Agent	
(Florida street addres:	;)
·	, Florida
New Registered Office Address: (City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and a	Cocept the obligations of the position.
Signature of New Registered	

## 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 Doe	
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>	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			*
Add			
Remove			
3 ) Change		<del></del>	· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change	•		
Add			
Remove			
5) Change			
A.dd			
Remove			
6) Change			
Add			
Remove			

Attach additional shee	g additional Articles, if necessary).					
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f an amendment prov provisions for imples	<u>vides for an excl</u> menting the ame	nange, reclassif	<u>ication, or can</u> contained in th	<u>cellation of iss</u> e amendment	<u>ued snares,</u> itself:	
(if not applicable,	, indicate N/A)					
			·			<del></del>
			110			
					JIA _ 3	

The date of each amendment(s) addate this document was signed.	option:	8/3	30/2018		, if other than the
Effective date if applicable:	(no more	e than 90 days	30 2018	e date)	
	•	ŕ	, ,	ŕ	
<b>Note:</b> If the date inserted in this bl document's effective date on the Dep			tatutory filing requi	ements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ON	<b>E</b> )			
The amendment(s) was/were ador by the shareholders was/were suf	ited by the shareholde ficient for approval.	ers. The numb	er of votes cast for t	ne amendment(s)	
☐ The amendment(s) was/were appr must be separately provided for e					
"The number of votes cast for	or the amendment(s) v	was/were suffi	cient for approval		
by	(voting group)				
	(voting group)	)			
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of di	irectors withou	ut shareholder action	and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	ted by the incorporate	ors without sh	archolder action and	shareholder	
Dated	01,26,20	18/			
Signature	mil z				
	ector, president or oth	her-officer - if	directors or officers	have not been	_
	by an incorporator -		s of a receiver, truste	e, or other court	
	d fiduciary by that fid	• •	<i>~</i> .		
_	Ko	onaldo	SIM PSON		
	(Typed or p	printed name o	of person signing)		
_	Vice F	reside	nt		
-		(Title of pers	on signing)		