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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: One Stop Finance	ial Group, Inc.	
DOCUMENT NUME	P97000099869		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	Jan Steele		
		Name of Contact Person	11
	One Stop Financial Group	, Inc.	
		Firm/ Company	 -
	P.O. Box 3054		
	·	Address	
	Palm Beach, FL 33480		
		City/ State and Zip Cod	e e
onest	topfs@bellsouth.net		
	, -	sed for future annual report	notification)
For further information	a concerning this matter, pleas	561	818-2811
Nama	of Contact Person	at ()de & Daytime Telephone Number
	r the following amount made		·
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address indiment Section sion of Cotporations Box 6327 thassee, FL 32314	Amend Divisie Clufton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

One Stop Financial Group, Inc.				
(<u>Name</u>	of Corporation as curren	tly <u>filed</u> with the Florida Dept. of	State)	
P97000099869				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopt	s the following amendment(s	s) to
A. If amending name, enter the new n	ame of the corporation:			
NA			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	action "Corp." "Inc." or	"Co". A professional corporation	ed" or the abbreviation	
B. Enter new principal office address, if applicable:		3570 S. Ocean Blvd.		
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	Ste. 204	₽ . :	
		Palm Beach, FL 33480		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA	6 - 2 F]
			ूर जेंद्र हैं 	·,
D. If amending the registered agent ar new registered agent and/or the new			<u>I the</u>	
Name of New Registered Agent	Jan Steele	_		
	3570 S. Ocean Blvd. S	te. 204		
	(Florida s	treet address)		
<u>New Registered Office Address</u> :	Palm Beach, FL 33480	, Flo	33480 orida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c Thereby accept the appointment as regist			the position.	
	Van Steek	7		
	Signature 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:

 $P \neq President; V \vdash Vice President; T \vdash Treasurer; S \vdash Secretary; D \vdash Director; TR \vdash Trustee; C \vdash Chairman or Clerk; CEO \models Chief Executive Officer; CFO \models Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> <u>John</u>	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
11 Change	CEO	Kenneth Easton	Deceased
Add			
X Remove			
2) Change	P. S. T	Jan Steele	3570 S. Ocean Blvd
XAdd			Ste. 204
Remove			Palm Beach, FL 33480
3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		1/	
Remove			

E. If amending or adding additional Articl	es, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
NA	
_///	
	.
	-
F. If an amendment provides for an excha-	nge, reclassification, or cancellation of issued shares,
provisions for implementing the amend	iment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NA	
·	

The date of each amendment(s) adoption:	, if other than the
· ·	
(no move than	90 days after amendment file date)
Note: If the date inserted in this block does not meet the appli- document's effective date on the Department of State's records.	cable statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	e number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders that must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/we	• •
by(voting group)	··
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators wit action was not required.	hout shareholder action and shareholder
July 27, 2018 Dated	
Signature Van Steele	
	cer if directors or officers have not been be hands of a receiver, trustee, or other court)
Jan Steele	
(Typed or printed	name of person signing)
President, Secretary and	reasurer
(Title	of person signing)