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COVER LETTER

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TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:MON	they & Company C	PA'S PA
DOCUMENT NUMBER:P9800	00 11931	
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
M 1 CHARL	MONALEY une of Contact Person	
Mona	KCCY & COMPANT Firm/Company	1
12443	SAN JOSE BUD Address	#30/
There	Sontiwe R 31 ty/State and Zip Code	W3
A	week. Con-	
For further information concerning this matter, p	please call:	lola (
MICHAEL J. MONACOY Name of Contact Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check for the following amount ma	ade payable to the Florida Depart	ment of State:
\$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	. <u>†</u> 157 =

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

HONAKON	1 contany	GA'S PA	
(Name of Corporation as curr		Dept. of State)	
P980000	1 193/		
(Document Nur	nber of Corporation (if know	vn)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Flo	orida Profit Corporation a	idopts the following
A. If amending name, enter the new name o	f the corporation: Complany J	h.	
name must be distinguishable and contain			The new
abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro-	e designation "Corp," "Inc,	" or "Co". A professiona	
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>			<u>,</u>
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			10 MAR -4 AM 9: 3:
			<i>ω *</i>
D. If amending the registered agent and/or process new registered agent and/or the new registered agent ag		Florida, enter the name of	of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street ac	idress)	
		, Florida	-
	(City)	(Zip Code)	
New Registered Agent's Signature, if changi I hereby accept the appointment as registered a		nd accept the obligations of	the position.
	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) **Title** <u>Name</u> Address Type of Action ☐ Add ☐ Remove ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment	(s) adoption:	MARCH	1,20	(D
Effective date <u>if applicable</u> :	(d	MALCA late of adoption is requ	ired) 1, W16	
	(no more than 90 da	ys after amendment file	e date)	
Adoption of Amendment(s)	(CHECI	K ONE)		
The amendment(s) was/wer by the shareholders was/we			of votes cast	for the amendment(s)
The amendment(s) was/wer must be separately provide		_		• •
"The number of votes	east for the amendmen	nt(s) was/were sufficier	nt for approv	al
by	(voting group)		ı	
☐ The amendment(s) was/wer action was not required. ☐ The amendment(s) was/wer action was not required.				
sele		or other officer – if director – if in the hands of at fiduciary)		
		or printed name of pers		