(Re	equestor's Name)	,
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
<u>. </u> (Ви	usiness Entity Nam	ne)
(Do	ocument Number)	······································
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Pollux International, Inc DOCUMENT NUMBER: P98000036079 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lee Rubin Name of Contact Person Pollux International, Inc Firm/ Company 8177 N Atlantic Ave Suite 1 Address Cape Canaveral, FL. 32920 City/ State and Zip Code info@polluxii.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lee Rubin Area Code & Daytime Telephone Number 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 Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (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 Articles of Incorporation



Pollux International, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P98000036079

(Document Number of Corporation (if known)

ent(s) to

A. If amending name, enter the new na	ame of the corporation:		
n/a			The
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professiona	"incorporated" or the abbrevia l corporation name must contain
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8177 N Atlantic Ave Unit 1	
		Cape Cana	veral, FL. 32920
		<u> , , , , , , , , , , , , , , , , , ,</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		8177 N Atlantic Ave Unit 1	
		Cape Canaveral, FL. 32920	
D. If amending the registered agent an new registered agent and/or the new			the name of the
Name of New Registered Agent	Lee Rubin		
	8177 N Atlanti	c Ave Unit 1	
	OIII II / Maill		
		street address)	
New Registered Office Address:			
New Registered Office Address:	(Florida	al	, Florida 32920 (Zip Code)
New Registered Office Address:	(Florida Cape Canaver	al	, Florida 32920 (Zip Code)
	Cape Canaver	ral	, Florida 32920 (Zip Code)
New Registered Agent's Signature, if c	(Florida Cape Canaver (Ci	nt:	(Zip Code)
	(Florida Cape Canaver (Ci	nt:	(Zip Code)

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 Do	<u>be</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	MD		Robert Ferreri Sr	8177 N Atlantic Ave
Add Remove				Cape Canaveral, FL. 3292
2) Change	D		Lee Rubin	8177 N Atlantic Ave
✓ Add			•	Cape Canaveral, FL. 3292
Remove				
3) L Change		_		
Add				
4) Change				
Add Remove				
5) Change				
Add Remove				
6) Change		_		
Add		• •		
Remove				

7 : :

,	mending or adding additional Artic ach <i>additional sheets, if necessary).</i>	(Be specific)	
Ά			
			
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<u>If a</u> r	n amendment provides for an excha	nge, reclassification, or cancellati	on of issued shares,
pro	ovisions for implementing the amen (if not applicable, indicate N/A)	ment if not contained in the ame	ndment itself:
Ά	(ly not applicable, indicate WA)		
		•	

The date of each amendment(s) ad date this document was signed.	ption:	, if other than the
Effective date if applicable:	March 26 2015	
StadC1986LVII.	(no more than 90 days after amendment	file date)
Adoption of Amendment(s)	(CHECK ONE)	•
The amendment(s) was/were ado by the shareholders was/were su	ted by the shareholders. The number of votes cast fo ficient for approval.	r the amendment(s)
	oved by the shareholders through voting groups. The ach voting group entitled to vote separately on the ac	
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
h y	(voting group)	р
- • ((voting group)	
The amundment(s) was/were ado action was not required.	ted by the board of directors without shareholder and	िया प्रभवे shareholder
The amendment(s) was/were ado setion was not required	ted by the incorporators without shareholder action a	nd sharebolder
Dated March 2	5, 2015	
Signature	Coto-Klil	
seiebter	ector, president or other officer — if directors or offic by an incorporator — it in the hands of a receiver, trud d fiduciary by that fiduciary)	
	Gunter Kubbe	
	(Typed or primed name of person si	gning
	President, Director	*

(Title of person signing)