P98000058556

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(Ad	dress)	
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(Cit	ry/State/Zip/Phone	÷#)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORAT ON: Strictly Ad	iditions Inc.	— 0
DOCUMENT NUMBER: P9800005855	56	13
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning t	his matter to the following:	
	Craig Morse	
(Name	e of Contact Person)	
	tly Additions Inc.	
(F	Firm/ Company)	
5	11 SW 5th Ave.	
	(Address)	
	Uderdale , FL 33315 State and Zip Code)	
For further information conteming this matter	•	
Carig Morse	at (954) 588 - 4353 (Area Code & Daytime Telephone Number)	
(Name of Contac Person)	(Area Code & Daytime Telephone Number)	_
Enclosed is a check for the f illowing amount	made payable to the Florida Department of State:	
☑ \$35 Filing Fee & Cert Acate of Status	S43.75 Filing Foc & S52.50 Filing Certified Copy Certificate of (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)	Status Dy Copy
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 3231 I	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Strictly Additions Inc.
(Name of Co. poration as currently filed with the Florida Dept. of State)
.P98000058556
(Document Number of Corporation (if known)
Pursuant to the provisions o'section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to it Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Ought Eight Inc. The new name must be estinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional exporation name must contain the word "chartered," "professional association," or the abbrevia ion "P.A."
B. Enter new principal office address, if applicable: (Principal office address MU T BE A STREET ADDRESS)
C. Enter new mailing address in florida, enter the name of the new registered agent and or the new registered office address:
new registered agent 20th of the new registered office address.
Name of New Register A Agent:
New Registered Office (ddress: (Florida street address)
, Florida
(City) (Zip Code)
New Registered Agent's Sign sture if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Registered Agent, if changing

	ind title, name, as g ditional sheets, if s		Officer and/or Director bein	g added:
(миист аш	aitional sneets, if i c	cessary)		
Title	Name		<u>Address</u>	Type of Acti
				Add
				☐ Remove
				Remove
				Add
				☐ Remove
E. <u>If amer</u>	iding or adding ac	ditional Articles.	inter change(s) here:	
(anach d	additional sneets, y			<u> </u>
		,		
		<u></u>		
			, reclassification, or cancell:	
provis	ions for implemen not applicable, indi	ng the amendme	nt if not contained in the am	iendment itself:
Ø	noi appiicavie, inai	ate WA)		
N/A				

Page 2 of 3

Effective date <u>if applicable</u>	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(
	ere approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
"The number of vote	cast for the amendment(s) was were sufficient for approval
by	
· · · · · · · · · · · · · · · · · · ·	(voting group)
action was not required. The amendment(s) was/waction was not required.	n re adopted by the incorporators without shareholder action and shareholder
Dated	10 10 7008
Signature_	
Signature_ (E	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court
	or vinted fiduciary by that fiduciary)
	(Pyped or printed name of person signing) P(ES) (Pk + (Title of person signing)
	(typed or printed name of person signing)