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JUN 2 9 2017 S. YOUNG



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Delta Investment (Corporation				
DOCUMENT NUME	PURNONNELTED					
The enclosed Articles	of Amendment and fee are su	ubmitted for filing.				
Please return all corres	pondence concerning this ma	atter to the following:				
	David Flasłam					
•		Name of Contact Person	n			
	Delta Investment Corporation					
	<u>, </u>	Firm/ Company				
	4 Almond Place					
		Address	-			
	Ocala, FL 34472					
		City/ State and Zip Cod	e			
daveh	aslam1@gmail.com					
		sed for future annual report	natification)			
	i, man address, to be a	sea ten tutare amain tepert	normeation			
For further information	concerning this matter, pleas	se call:				
David Haslam		352	de & Daytime Telephone Number			
Name c	f Contact Person	Area Co	de & Daytime Telephone Number			
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	□\$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 Tallahassee, F1, 32314		Amend Divisio Clifton	Address ment Section or of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Delta Investment Corporation (Name of Corporation as currently filed with the Florida Dept. of State) P98000064232 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must comain the word "chartered," "professional association," or the abbreviation "P.A," B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) 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 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)

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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	T	ROBBINS, RALPH RIII	899 SE 57TH AVE
Add			Ocala, FL 34471
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			**************************************
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary)	(Be specific)	,			
Α					
Α		- 			
					
	 -				
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	 				<u> </u>
If an amendment provides for an exch	<u>iange, reclassificat</u>	tion, or cancella	ation of issued	shares,	
provisions for implementing the ame	ndment if not cont	tained in the <u>an</u>	nendment itse	<u>If:</u>	
(if not applicable, indicate N/A)					
Ά					
					 -

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	6/20/17	
инестус басе <u>и аррисание.</u>	(no more than 90 days after amendment file dat	(c)
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirement. Department of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the an sufficient for approval.	nendment(s)
☐ The amendment(s) was/were a must be separately provided.	approved by the shareholders through voting groups. The follows for each voting group entitled to vote separately on the amendme	mg statement ent(s):
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and	shareholder
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and share	eholder
06/20/17 Dated		
Signature	Dair M. Harlan	
selec	a director, president or other officer – if directors or officers have sted, by an incorporator – if in the hands of a receiver, trustee, or inted fiduciary by that fiduciary)	
	David M. Haslam	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	