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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: NIXON SCREENING INC.
DOCUMENT NUMBER: P 99 000 083 742
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
CHARLES NIXON Name of Contact Person NIXON SCREENING INC
MIXON DURBENING INC
rimi Company
1240 TANGERO 7 ER. 13-19
DERRY BGACH, IZ. 33444 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHUCK NIXON at (957) 821-0505 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (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 to Articles of Incorporation of

NIXUN SCREE	ENING INC.	
	of Corporation as currently filed with the Florida Dept. of St	ate)
P99 0000	837 42	
	(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation: A. If amending name, enter the new n.	1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the corporation:	ne following amendment(s) t
		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tain the word "corporation," "company," or "incorporated" nation "Corp," "Inc," or "Co" A professional corporation n tion," or the abbreviation "P.A."	or the abbreviation
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>	if applicable: TREET ADDRESS)	
C. Enter new mailing address, if appl		
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	
D. If amending the registered agent ar new registered agent and/or the ne	id/or registered office address in Florida, enter the name of the registered office address:	<u>he</u>
Name of New Registered Agent		
	(Florida street address)	, , , , , , , , , , , , , , , , , , ,
New Registered Office Address:	, Floric	daab
	(City)	(Zip Code)
New Registered Agent's Signature, if of thereby accept the appointment as registered.	hanging Registered Agent: ered 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 I	<u>Doe</u>		
X Remove	<u>V</u> <u>Mike</u>	Jones .		
X Add	<u>SV</u> <u>Sally</u> :	<u>Smith</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address	
1) Change	VP	BLAIR NIXON	301 NE 6 TH AVE. DELRAY BEACH,	#2
Add Remove	•		DELRAY BEACH, FL. 33483	
2) Change Add				
Remove 3) Change Add				
Remove 4) Change Add				
Remove 5) Change Add				
Remove 6) Change Add				
Remove				

(Attach additional sh	ng additional Articles, enter change(s) here: tets, if necessary). (Be specific)	
	11/	
	- V $/$ T	
<u></u> .		
	<u> </u>	
If an amendment pr	ovides for an exchange, reclassification, or cancellation of issued shares,	
provisions for impl	menting the amendment if not contained in the amendment itself:	
(у пот аррисав	e, indicate N/A)	
	NIA	
		
	/	
- Literan		

	The date of each amendment(s) adoption:	, if other than the
-	Effective date if applicable: (no more than 90 days after amendment file date)	
	·	
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this da document's effective date on the Department of State's records.	te will not be listed as the
	Adoption of Amendment(s) (CHECK ONE)	
	The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s by the shareholders was/were sufficient for approval.	;)
	☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stateme must be separately provided for each voting group entitled to vote separately on the amendment(s).	ent
	"The number of votes cast for the amendment(s) was/were sufficient for approval	
	by	
	(voting group)	
	☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.	г
	☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
	Y Dated 6-28-16 X Signature	
	× Signature	
	(By a director, president or other officer - if directors or officers have not been	
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	i
	CHANCES NIXON	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	