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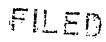
TO: Amendment Section Division of Corporations

•

NAME OF CORPORATION: DATEL CORPOR.	ATION S86046	
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sub-	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
DREW JOSEPH HLAVA		
	Name of Contact Person	1
DATEL CORPORATION		
	Firm/ Company	
3921 S.W. 47 AVENUE #100	• •	
	Address	
DAVIE, FLORIDA 33314		
	City/ State and Zip Code	
INFO@DATELCORP.COM		
_	ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
DREW J. HLAVA	954	797-0329
Name of Contact Person	at (Area Co	797-0329 de & Daytime Telephone Number
Enclosed is a check for the following amount made p		
		attitute of Marc.
SAS filing Fee & Certificate of Status	□S43.75 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 in of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



(Name of Corpora	ttion as currently filed with the Florida Dept. of State 2 12
DATEL CORPORATION	ument Number of Corporation (if known)
(Doct	ument Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Flori its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:
	The new
	ord "corporation," "company," or "incorporated" or the abbreviation rp," "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET AL</u>	
	
C. Enter new mailing address, if applicable: (Mailing address MAYBEA POST OFFICE B	g(X)
	-
D. If amending the registered agent and/or regist new registered agent and/or the new registere	tered office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re	
I hereby accept the appointment as registered agent.	. I am familiar with and accept the obligations of the position.
<u> </u>	anature 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	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	Đ	TYLER BERNHARDY	5048 S.W. 89 AVENUE
X Add			COOPER CITY, FL. 33328
Remove			
2) Change	1)	MASON HLAVA	2000 N.W. 82 AVENUE
X Add			PEMBROKE PINES, FL 33024
Remove 3) Change	V	ROBIN HLAVA	2000 N.W 82 AVENUE
X Add			PEMBROKE PINES,FL.33024
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			-
Add			
Remove			

Attach additio	adding additional Article al sheets, if necessary) (Be specific)	 -		
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<u>f an amendm</u>	nt provides for an exchan	ge, reclassification,	or cancellation of i	ssued shares,	
provisions fo	implementing the amendalicable, indicate N/A)	ment if not containe	ed in the amendmer	it itself:	
(g nor ap)	neane, marcae 1921)				
		 _		<u> </u>	
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		,			
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·					

	1/1/2018	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	/1/2018	
Effective date if appropriate.	(no more than 90 days after amendment file date)	
Note: If the date inserted in the	is block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(se sufficient for approval.)
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	и
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	г
1/1/201	· ·	
Dated	——————————————————————————————————————	
	Drova Llava DN: cn=Drew Hlava, o, ou,	
Signature	Drew Hlava DN: cn=Drew Hlava, o, ou, email=drew@datelcorp.com, c=US	
Bv.	a director, president or other officer – if cheet is or officers have not been	7
sele	cted, by an incorporator - if in the hands of a receiver, trustee, or other court	
арр	ointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	DREW HLAVA PRESIDENT	
	(Title of person signing)	