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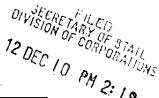
## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Shancore Enterprises, Inc.
DOCUMENT NUMBER: POSOOOY 7680
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
William P. Kilsannon Name of Contact Person  Shay Core Enterprises, Fre. Firm Company
Shaylore Enterprises, Fre.
4230 Pablo Professional Ct. Suite. 10
Jacksonville, F2 32224 City/ State and Zip Code
E-maileddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
William P. Kilgannon at (984) 461-7133  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)
Mailing Address Amendment Section  Street 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



Sharlore Enterpr	rises. Inc.	•	<sup>14</sup> 2:
(Name of Corporation as chire	rises, Fac.	ot. of State)	· · · · · · · · · · · · · · · · · · ·
P08000047680			
(Document Num	nber of Corporation (if known)		
Pursuant to the provisions of section 607.1006, ts Articles of Incorporation:	Florida Statutes, this Florida Pr	ofit Corporation adopts the fol	lowing amendment(
A. If amending name, enter the new name of	f the corporation;	• •	
	· · · · · · · · · · · · · · · · · · ·		The new
name must be distinguishable and contain the Corp." "Inc" or Co" or the designation word "chartered," "professional association,"	"Corp." "Inc." or "Co". A pi		
3. Enter new principal office address, if app Principal office address MUST BE A STREE	dicable:		<del></del>
rrincipai office adaress <u>MOST BE A STREE</u>	TADDRESS )	.3	
,			
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE-A_POST OFFIC</u>	<u></u>		
D. If amending the registered agent and/or r new registered agent and/or the new regis	registered office address in Flor	rida, enter the name of the	,
Name of New Registered Agent			
· · · · · · · · · · · · · · · · · · ·			
	(Florida street address)		
New Registered Office Address:		, Florida	
ven registerea cyfree raaress.	, (Çity) .	, Florida, → (Zip Coo	le)
		•	
New Registered Agent's Signature, if changing thereby accept the appointment as registered a		ecent the obligations of the pos	ition
2	Gy	,	
Signatur	e of New Registered Agent if ch	COUTING	•

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 Doc. 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						
X Add	<u>sv</u>	Sally Smith				*** ,	· .	
Type of Action (Check One)	<u>Title</u>	<u>Nam</u>	<u>e</u>			<u>Addres</u> s		
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. Kemoye		5 - 41 vs 2 19 c	or so marrind	mands for every low	Dept. Kan s		· · · · · · · · · · · · · · · · · · ·	
2) 🖊 Change	P	_ De	wid B.	Monk		5190 Creek Cr	ossing Di	•
						Jucksmille,	FZ 322	26
Remove						<del></del>		
3) <u>M</u> Change	160	<u> </u>	lliam P.	<u> Kilson</u>	<u> </u>	1300 Shetter	Ave	
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Remove						Incksmille Be	zeh, F2 3	2250
4) Change			<del> </del>				<del></del>	
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5) Change							,	
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6) Change	•	_	, .	<i>5</i>			· .	
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The date of each amendment(s) a	idoption: 12/1/17		
Effective date <u>if applicable</u> :	12/1/12		
	(no more tha	n 90 days after amendment	file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		·
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. Tufficient for approval.	The number of votes cast fo	r the amendment(s)
☐ The amendment(s) was/were ap must be separately provided for			
"The number of votes cast	t for the amendment(s) was/	were sufficient for approval	
by	(voting group)		,,,
	(voling group)		
☐ The amendment(s) was/were ad action was not required.	opted by the board of direct	ors without shareholder acti	on and shareholder
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators v	vithout shareholder action a	nd shareholder
		, v	** .
Dated [2	(1/17		,
Signature	director, president or other o	CC If diseases are CC.	na hann an hann
selecto	ed, by an incorporator – if in nted fiduciary by that fiducia	the hands of a receiver, tru	
	William F	Kilsannan ed nam of person signing)	
	(Typed or print	ed nam of person signing)	
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•	(Title of per	son Mgning)	