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COR AMND/RESTATE/CORRECT OR O/D RESIGN VETASTONES, CORP.

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June 29, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VETASTONES, CORP. 3372 HARNESS CIRCLE WELLINGTON, FL 33467

SUBJECT: VETASTONES, CORP.

REF: P05000066354

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

___ariod after (CORP) in the name.

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Irene Albritton Regulatory Specialist II FAX Aud. #: H10000136090 Letter Number: 310A00015975

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SECHETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassec, Florida 32314

(HIMM)21-19/12)

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Articles of Amendment

Articles of Incorporation

VET/	ASTONES, CORP.			
(Name of Corporation as currently filed with the Florida Dept. of State)				
F	P05000066354	1		
(Document	Number of Corporation (if known)			
Pursuant to the provisions of section 607 amendment(s) to its Articles of Incorporati	.1006, Florida Statutes, this <i>Florida</i> . on:	Profit Corporation adopts the following		
A. If amending name, enter the new nar	ne of the corporation:			
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered,"	r the designation "Corp," "Inc," or "	'Co". A professional corporation		
B. Enter new principal office address, if (Principal office address MUST BE A ST				
C. Enter new mailing address, if application (Mailing address MAY BE A POST O.				
D. If amending the registered agent and new registered agent and/or the new	or registered office address in Floricegistered office address:	da, enter the name of the		
Name of New Registered Agent:	PAUL MOYA			
	3372 HARNESS CIRCLE	•		
New Registered Office Address:	(Florida street address)			
•	WELLINGTON	, Florida 33467		
	(City)	(Zip Code)		
New Registered Agent's Signature, if cha				
I hereby accept the appointment as register	ed agent. I am familia r with a nd acce	pt the obligations of the position.		

Page 1 of 3

Registered Agent, if changing

(H100001360903)

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)

<u>Title</u>	Name	Address	Type of Action
<u>P</u>	CLAUDIA ARCILA	3372 HARNESS CIRCLE WELLINTON, FL 33467	_ ☐ Add ☐ Remove
VP	PAUL MOYA	3372 HARNESS CIRCLE WELLINTON, FL 33487	_ □ Add □ Remove
<u> </u>	PAUL MOYA	3372 HARNESS CIRCLE WELLINTON, FL 33467	_ ☑ Add □ Remove
(attach ad	ing or adding additional Articles, enter ditional sheets, if necessary). (Be speci	fic)	
provisio	endment provides for an exchange, rec ns for implementing the amendment if of applicable, indicate N/A)		

عة الإم	(H100001360703)
The date of each amendmen	t(s) adoption: 06/07/2010
Effective date if applicable:	(date of adoption is required)
	(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(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	n
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	are adopted by the incorporators without shareholder action and shareholder
Dated	6/8/10
Signature	
(B ₂	director, president or other officer — if directors or officers have not been ested, by an incorporator — if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	PAUL MOYA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)