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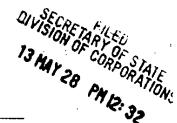
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SACRED CANDLES AND OILS, INC			
DOCUMENT NUMBER: P10000029829			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all corres	pondence concerning this mat	tter to the following:	
	MICHAEL EMOK	PAE	
		Name of Contact Person	
	HIGH END INCOM		UNTING SERVICES
		Firm/ Company	
	4200 NW 16TH S	ST., STE 600-A	
		Address	
	LAUDERHILL, FL	. 33313	
		City/ State and Zip Code	
нιс	HENDACCOUNT	TING@MSN CO	ìΜ
- 1110		sed for future annual report	
	D man address. (to be as	ou for future unitial report	nonneutron,
For further information	n concerning this matter, pleas	se call:	
MICHAEL EN	MOKPAE	₃₁ ,954	, 730-7673
Name o	of Contact Person	Area Co	
Enclosed is a check fo	r the following amount made p	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)
Ame Divi P.O	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



SACRED CANDLES AND OILS, INC

(Name of Corporation as	currently filed with the F	lorida Dept. of State)	
P10000029829			
(Documer	nt Number of Corporation (i	f known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new na DOLLAR RETURN, INC	nme of the corporation:		The new
	ation "Corp," "Inc," or "	n," "company," or "incorporated" or the ac Co". A professional corporation name must of P.A."	bbreviation
B. Enter new principal office address,	if applicable:	8015 W SAMPLE RD	
(Principal office address MUST BE A S		CORAL SPRINGS, FL 33065-4750	•
,			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		SAME	-
			-
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	HIGH END INCOME TAX	& ACCOUNTING SERVICES	
	4200 NW 16TH	ST STE 600-A	
	•	eet address)	
New Registered Office Address:	LAUDERHILL	Florida 33313	-
	(City)	(Zip Code)	
New Registered Agent's Signature, if c			
I hereby accept the appointment as regist	ered agent. I am familiar v	with and accept the obligations of the position.	
Si	gnature of New Registered 1	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; CFQ = 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> <u>Mike</u>	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1)Change	Р	RAMESH MAHARAJ	3400 NW 30TH STREET
Add	 		APT 9
X Remove			LAUDERDALE LAKES, FL 33311
2) X Change	PCEO	CHRISTOPHER FARQUHARSON	8015 W SAMPLE RD
Add			CORAL SPRINGS
Remove			FL 33065-4750
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			·
6) Change			
Add			
Remove			

E. <u>If amendin</u> (Attach <i>add</i>	ling or adding additional Articles, enter change(s) here: dditional sheets, if necessary). (Be specific)	
N/A	(be specific)	
		· ·
		
F. <u>If an amen</u>	endment provides for an exchange, reclassification, or cancellation of iss	sued shares,
provision	ons for implementing the amendment if not contained in the amendment not applicable, indicate N/A)	itself:
N/A	tot applicable, inalcale IVA)	
IN/A	·····	

The date of each amendment(s) adoption: 5-23-13
Effective date if applicable: MAY 23RD 2013
(no more than 90 days after amendment file date)
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 statement must be separately provided 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" (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 05/23/2013
Signature Forgunarson (By a director, president or other officer – if directors or officers have not been
(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)
CHRISTOPHER FARQUHARSON
(Typed or printed name of person signing)
PCEO
(Title of person signing)