# 09/10/2030 05

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120002596793)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 Phone : (305) 552-5973

Fax Number

: (305)220-1440

\*\*Enter the email/address for this business entity to be used for future annual report mailings. Enter only one cmail address please.\*\*

| Cmail | Address: |  |
|-------|----------|--|
|       |          |  |

#### COR AMND/RESTATE/CORRECT OR O/D RESIGN ANPAT GROUP INC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
| Estimated Charge      | \$35.00 |

Electronic Filing Menu Corporate Filing Menu

Help

OCT 3 0 2012

### H12000259879

Articles of Amendment

|   | to  | · •  |
|---|---|--|
|   | Articles of Incorporation                   | ج. ا   |
| <b></b>   | of  | 6  |
| ANPAT GROUP INC   |   | •  |
| (Name of Corporation as   | currently filed with the Florida Dept. of   | State)   |
| P10000086747  |   |  |
| (Documen  | nt Number of Corporation (if known)         | **************************************   |
| ursuant to the provisions of section 607.                                   | 1006, Florida Statutes, this Florida Profit | Corporation adopts the following amendme   |
| Articles of Incorporation:  |   |  |
| . If amending name, enter the new na  | ime of the corporation:                     |  |
|   |   |  |
|   |   | The new  |
|   | ation "Corp." "Inc." or "Ca". A profes.     | " or "incorporated" or the abbreviation sional corporation name must contain the |
| B. Enter new principal office address.                                      | if annicable                                | •  |
| Principal office address MUST BE A.S.                                       | TREET ADDRESS)                              |  |
|   |   | ***************************************  |
|   |   |  |
|   | ***   |  |
| Enter new mailing address, if appli   |   |  |
| (Mailing address MAY BE A POST of   | OFFICE BOX)                                 |  |
| -   |   |  |
|   | <del></del>                                 |  |
|   |   |  |
| D. If amending the registered agent and new registered agent and/or the new | dor registered office address in Florida,   | enter the name of the  |
|   | MARIA MENDEZ                                |  |
| Name of New Registered Agent  |   |  |
|   | 5080 SW 66th AVENUE                         |  |
|   | (Florida street address)                    |  |
| New Registered Office Address:  | MIAMI                                       | , Florida 33155  |
|   | (City)                                      | (Zip Code)   |
|   |   |  |
|   |   |  |
| New Registered Agent's Signature, if el                                     | nauging Registered Agent;                   |  |
| hereby accept the appointment as regist                                     | ered agent. Lam familiar with and accept    | the abligations of the position.   |
|   | many - 1/2/                                 |  |
| Sig   | nature of New Registered Agent, hangi       | ng   |
| 1   |   | -  |
|   |   |  |

Page 1 of 4

#### H12000258679

f amending the Officers and/or Directors, cuter 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 now the officer/director title by the first letter of the office title:

P = President; V = Vice President: T = Treasurer; S = Secretory; D = Director; TR = Trustee; C = Chairman or Clark; CEO = Chief Executive Officer: CFO - Chief Financial Officer, If an officer/director holds more than one tale, list the first latter 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 Junes 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 Romove, and Sally Smith, SV as an Add.

| X_Change                      | <u>PT</u> <u>John</u> | 1 Doe          |  |
|-------------------------------|-----------------------|----------------|--|
| K Remove                      | <u>y</u> <u>Mik</u>   | e Jones        |  |
| _k Add                        | <u>SV</u> <u>Sall</u> | <u>v Smith</u> |  |
| Type of Action<br>(Check One) | Τίψο                  | Name           | <u>Addres</u> s                        |
| t) Change                     | PTSD                  | MIKE HERNANDEZ | 5080 SW 66 AVE                         |
| Add                           |                       |                | MIAMI, FL.                             |
| X Remove                      |                       |                | 33155                                  |
| 2) Change                     | PTSD                  | MARIA MENDEZ   | 5080 SW 66 AVE                         |
| X_Add                         |                       |                | MIAMI, FL.                             |
| Remove                        |                       |                | 33155                                  |
| 3)Change                      |                       |                |  |
| Add                           |                       |                |  |
| Remove                        |                       |                |  |
| 4) Change                     |                       |                | ************************************** |
| Add                           |                       |                |  |
| Remove                        |                       |                |  |
| 5) Change                     |                       |                |  |
| Add                           |                       |                |  |
| Remove                        |                       | •              |  |
| 6) Change                     |                       |                |  |
| Add                           |                       |                |  |
| Remove                        |                       |                |  |

Page 2 of 4

## H12000259679

| isch adamond                      | adding additional and sheets, if necessar  | ry). (Be specij                        | ic)                                   | <u>-</u>     |               |  |
|-----------------------------------|--|--|---------------------------------------|--------------|---------------|--|
|                                   |  | - <b>*</b>                             |                                       | NI A         |               |  |
| <del></del>                       |  | <u></u>                                | /                                     | 4/-1         | ····          | <del></del>                            |
|                                   |  |  |                                       |              | ······        |  |
|                                   |  |  |                                       |              |               |  |
| <del></del>                       |  |  |                                       |              |               | <del></del>                            |
|                                   | <del></del>                                | ·                                      |                                       |              |               |  |
|                                   |  |  |                                       |              |               |  |
|                                   |  |  |                                       |              |               |  |
|                                   | <del></del>                                |  | ·                                     | <del></del>  |               | <del></del>                            |
|                                   |  | <del>-</del>                           |                                       | ///          |               |  |
|                                   |  |  |                                       |              |               |  |
|                                   |  |  |                                       |              |               | <del></del>                            |
|                                   | <del>,,</del>                              | ······································ |                                       |              |               |  |
|                                   | ····                                       |  |                                       |              |               |  |
|                                   |  |  |                                       |              |               |  |
|                                   |  |  |                                       |              |               | ······································ |
| <del>,</del>                      |  |  |                                       |              |               |  |
|                                   |  |  |                                       |              | •             |  |
|                                   |  |  | ,                                     |              |               |  |
| ,                                 |  | - <del></del>                          |                                       | <del></del>  |               |  |
|                                   | ·  | <del> </del>                           |                                       |              |               |  |
|                                   |  |  |                                       |              |               |  |
|                                   |  |  |                                       |              |               |  |
| o <u>amendmer</u><br>ovisions for | ot provides for an e<br>implementing the a | exchange, recla                        | ssification, or                       | cancellation | of issued sha | res,                                   |
| (if not appl                      | licable, Indicate Ni <sub>t</sub> l        | )                                      | of chitemians                         | i .          | orac acourt   |  |
|                                   |  |  | N                                     | 1A           |               |  |
|                                   |  |  | · · · · · · · · · · · · · · · · · · · | <del></del>  | <del></del>   |  |
|                                   |  | <del></del>                            |                                       |              |               |  |
|                                   |  | <del></del>                            |                                       |              |               | · · · · · · · · · · · · · · · · · · ·  |
|                                   | •  |  |                                       |              |               |  |
|                                   |  |  |                                       |              |               |  |
|                                   |  |  | · · · · · · · · · · · · · · · · · · · |              |               |  |
|                                   |  |  |                                       |              |               |  |
|                                   |  |  |                                       |              |               |  |

Page 3 of 4

|   | H 1 Z U G U Z S U B 7 9   |
|---|---|
| he date of each amendment(s) ad                                 | loption: OCTOBER 29, 2012   |
| ffective date if applicable:                                    |   |
|   | (no more than 90 days after amendment file date)  |
| doption of Amendment(s)   | (CHECK ONE)   |
| The amendment(s) was/were ado by the shareholders was/were sail | pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.  |
|   | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the umeridment(s):  |
| "The number of votes cast                                       | for the amendment(s) was/were sufficient for approval   |
| by  | ·   |
|   | (voting group)  |
| action was not required.  | pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder  |
| action was not required.  | , , ,   |
| Dated OCTO  | BER 29, 2012  |
| Signature   | man Our   |
| (By a di<br>selected  | irector, president of other officer – if directors of officers have not been d, by an incorporator – If in the hands of a receiver trustee, or other court and fiduciary by that fiduciary) |
|   | MARIA MENDEZ  |
|   | (Typed or printed name of person signing)   |
|   | PRESIDENT   |
| -   | (Title of person signing)   |

Page 4 of 4