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C. LEWIS

APR 8 2014

EXAMINER

COVER LETTER

TO: Amendment Section

. Division of Corpo	rations		
NAME OF CORPOR	ATION: NACH	VAL CORP	
DOCUMENT NUMB	ER: P1400000	0898	75.00 Market
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	NESTO	R E KALEJM	AN
	NACHV	Name of Contact Person	n
	21085 NE 34 A	Firm/ Company	TE 301
-	AVENTURA	FLORIDA 33	180
-		City/ State and Zip Cod	e
mj	acofsky@gmai	l.com	
		sed for future annual report	notification)
For further information	concerning this matter, please	se call:	
marta jaco	fsky	at (305_	300-1743
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Amend Division Clifton	Address Iment Section on of Corporations Building
Talla	hassee, FL 32314	2661 E	xecutive Center Circle

Tallahassee, FL 32301

APPROVES

Articles of Amendment to **Articles of Incorporation** of

14 APR -2 AM II: 05

SECRETARY OF STATE TALL AHASSES, FLORIDA

NACHVAL CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P 14000000898

ment(s) to

(Document Number	er of Corporation (if	known)	
Pursuant to the provisions of section 607.1006, Fl its Articles of Incorporation:	orida Statutes, this F	lorida Profit Corporation	adopts the following amendme
A. If amending name, enter the new name of the	ne corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or " C	Co". A professional corpo	
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		
D. If amending the registered agent and/or reg new registered agent and/or the new registe		ess in Florida, enter the n	ame of the
Name of New Registered Agent	and the second		
	(Florida stre	et address)	
New Registered Office Address:		, Floric	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		ith and accept the obligation	ons of the position.
<u> </u>	-CN		

Signature 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	<u>PT</u>	John Doe				
X Remove	Y	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>			<u>Addręs</u> s	
1) Change	<u>D</u>	NES	TOR E KALEJMA	N	21085 NE 34 AVENUE	
Add					SUITE 301	
Remove					AVENTURA FLORIDA 33	1
2) Change	D	CLA	UDIA D SHOFFE	₹	21085 NE 34 AVENUE	
Add					SUITE 301	
Remove					AVENTURAA FLORIDA 3	33
3) Change	D	MAR	RTA E JACOFSKY	,	21085 NE 34 AVENUE	
Add					SUITE 301	
Remove					AVENTURA FL 33180	_
4) Change		_				
Add Add						_
Remove						
5) Change				· · · · · · · · · · · · · · · · · · ·		_
Add						_
Remove						_
6) Change		<u> </u>	,			
Add						
Remove						

	l sheets, if necessary).	cles, enter change(s) her (Be specific)	_	
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			· · · · · · · · · · · · · · · · · · ·	
	 			
				
If an amountment	a musuddaa faw am amab	awaa waalaadaadaa a	r cancellation of issued share	<u>:S,</u>
If an amendment	t provides for an exch mplementing the ame	ange, reclassification, o adment if not contained	in the amendment itself:	
provisions for it	t provides for an exch mplementing the ame cable, indicate N/A)	ange, reclassification, o ndment if not contained	in the amendment itself:	
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provisions for it	mplementing the ame	ange, reclassification, o	in the amendment itself:	



The date of each amendmen	t(s) adoption: MARCH 24TH, 2014	14 APR -2	AM II: 06	_, if other than the
date this document was signed		SECRETARY TALLAHASSI	10F Stare	
Effective date if applicable:	MARCH 24TH 2014	IALLAHASS	TELFILORIOA	
	(no more than 90 days aft	er amendment file da	ite)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of ere sufficient for approval.	of votes cast for the a	mendment(s)	
	re approved by the shareholders through votined for each voting group entitled to vote separate			
"The number of votes	s cast for the amendment(s) was/were sufficier	nt for approval		
by	(voting group)	33		
	(voting group)			
The amendment(s) was/we action was not required.	re adopted by the board of directors without sl	nareholder action and	d shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without sharel	nolder action and sha	reholder	
Dated_ MA l	RCH 24TH, 201			
Signature _	× .		·····	
Si	By a director, president or other officer — if directed, by an incorporator — if in the hands of ppointed fiduciary by that fiduciary)			
	メモSTON E OVAN (Typed or printed nar	00 K4CEN	TMAN	
	(Typed or printed nar	ne of person signing)	1	
	DIRECTOR			_
	(Title of pers	on signing)		