

**P15600025714**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
 Fax Number : (850)617-6380

From: Account Name : INAK SIZARBITORIA, ESQ., P.A.  
 Account Number : I20160000075  
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Email Address: INAKISAI@AOL.COM

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
HARDLUX CORP.**

Certificate of Status	0
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*10/31/16*

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COVER LETTER

H 16000 26306 3

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HARD LUX CORP

DOCUMENT NUMBER: P15 000005714

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

INAKI SAIZORBITORIA

Name of Contact Person

INAKI SAIZORBITORIA ESQ P.A.

Firm/ Company

21 S.W. 15 Rd Suite 200

Address

MIAMI FL 33129

City/ State and Zip Code

INAKISAI@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olga

Name of Contact Person

at ( 305 ) 374-4106

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing 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

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October 28, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HARDLUX CORP.  
2501 SOUTH OCEAN BOULEVARD, UNIT 837  
HOLLYWOOD, FL 33019

SUBJECT: HARDLUX CORP.  
REF: P15000005714

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

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

The name and address for "Mark" did not come out very clear.

^  
not MARK the name is MARIA ADELAIDA TRILLOS

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain  
Regulatory Specialist II

FAX Aud. #: E16000263346  
Letter Number: 216A00023180

Maria Adelaida Trillos

P.O. BOX 6327 - Tallahassee, Florida 32314

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Articles of Amendment  
to  
Articles of Incorporation  
of

HARD LUX CORP.

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

P1500000571A

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

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SECRETARY  
CORPORATION

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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:

- Change            PI    John Doe
- Remove            V    Mike Jones
- Add                SV    Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P/T/D</u>	<u>ESTER CHALOVH</u>	<u>2501 S. OCEAN DR.</u>
<input type="checkbox"/> Add			<u>HOLLYWOOD, FL. 33019</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>P/S/T/D</u>	<u>MARIA ADELAIDA TRILLOS</u>	<u>2501 S. OCEAN DR.</u>
<input checked="" type="checkbox"/> Add		<u>MARIA ADELAIDA TRILLOS</u>	<u>2501 S. OCEAN DR.</u>
<input type="checkbox"/> Remove			<u>SUITE C-04</u>
			<u>SUITE C-04</u>
			<u>HOLLYWOOD, FL. 33014</u>
			<u>HOLLYWOOD, FL. 33019</u>
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			



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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

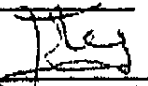
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_  
(voting group)

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 10-14-16

Signature 

(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)

\_\_\_\_\_  
(Typed or printed name of person signing)

ESTER CHALOUH

\_\_\_\_\_  
(Title of person signing)

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