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.

(((H14000072691 3)))



H140000726913AEC

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 : EXPRESS CORPORATE FILING SERVICE INC

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)444-4977

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

Email Address:

AFORNED MILES

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

LUXEPRIS, INC.

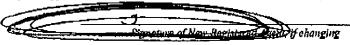
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Amend Name ch 8

Articles of Amendment Articles of Incorporation of

LUXEPRIS, INC.		•	
(Name of Corporation at	currently filed with the Fla	orida Dent, of State)	· · · · · · · · · · · · · · · · · · ·
P13000008568	,		
(Dacume	nt Number of Corporation (if	known)	,
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Plorida Statutes, this F	Iorida Profit Corporation adopt	s the following smendment(s) to
A. If amending name, enter the new na	ime of the corporation:		
G & CO., INC.	•		The new
name must be distinguishable and con "Corp.," "Inc.," or Ca.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or "C	o". A professional corporation	ed" or the abbreviation
B. Enter new principal office address. If aunilcable: (Principal office address MUST BE A STREET ADDRESS)		19471 S.W. 39TH	ST.
		MIRAMAR, FL. 33	029
C. <u>Hater new mailing address, If apply</u> (Mailing address MAY BEA POST)	cable: DFFICE BOX)	19471 S.W. 39TH	ST.
	<del></del>	MIRAMAR, FL. 33	029
D. If amending the registered agent an new registered agent and/or the new		as in Florida, enter the name o	<u>[the</u>
Name of New Registered Agent	BEN FINANCIAL	SERVICES, INC.	
Hame of the Horisoner Herri	10500 N.W. 26TH	ST., STE. # A-101	
	(Florida stree	•	<b>.</b>
New Registered Office Address:	DORAL,	, Ploride 33	172
· · · ·	(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.



If amending the Officers and/or Directors, enter the tills 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. Thuse should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John	n Doe	
X Remove	<u>v</u> <u>Mik</u>	ce Jones	
<b>™</b> ∀99	<u>SV</u> <u>Sali</u>	y <u>Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
2) Change	*****		
Add			
Remove			
3) Cliange			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
4) Change			
Add			-
Remove			
5) Change			
Add			70. APR
Rémove			
6) Change			
Add			
Rémove			

Page 2 of 4

			<del>_</del>	
<del>_</del> _			<u> </u>	
	<del> "</del>		<u>-</u>	
· · · · · · · · · · · · · · · · · · ·				<u></u>
~ · · · · · · · · · · · · · · · · · · ·			1,21.	
	<del></del>		<b>-</b>	
			•	
	· · · · · · · · · · · · · · · · · · ·	,	•	
	<u>.</u>			
			···	
sendment provides for an exc ons for implementing the amo not applicable, indicate N/A)	hnuge, reclassific endment if not co	eation, or cancellate ontained in the amo	ton of issued shares, indinent liself:	
	····			
<u> </u>				
	· · · · · · · · · · · · · · · · · · ·			
		· ·		
				······································

. . .

The date of each amendmen	t(s) sdoptlon; 02/15/2014	, if other than th
date this document was signed	l.	
Effective date if applicable:	02/15/2014	
	(na more than 90 days after anendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
• —	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we setton was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_02/	15/2014	
Signature _	L Clores	
•	by a director, president or other officer - If directors or officers have not been	
	elected, by an incorporator - if in the hands of a receiver, trustee, or other court populated fiduciary by that fiduciary)	
•	STACY GLOVER	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	<del></del>