## G14542

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SECRETARY OF STATE DIVISION OF CORPORATION

C. LEWIS

JUL 1 7 2014

EXAMINER

## **COVER LETTER**

► TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	SAFARI F	PROGRAMS,	INC.
DOCUMENT NUMBER: G1	4542		
The enclosed Articles of Amendm		bmitted for filing.	
Please return all correspondence c	oncerning this mat	tter to the following:	
TOM	J. MANO	S, ESQ.	
MANO	OS & ASS	Name of Contact Person	
1001	BRICKEL		E, SUITE 1200
MIAM	IA, FLOF	Address RIDA 33131	
	ma-lawf	City/ State and Zip Code irm.com sed for future annual report	
For further information concerning	g this matter, pleas	se call:	
Tom J. Manos		<sub>at (</sub> 305	341-3100
Name of Contact I	erson	Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	ing amount made	payable to the Florida Depa	ertment of State:
40	75 Filing Fee & ificate 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 Addre Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	etion porations	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## SAFARI PROGRAMS, INC

14 JUN 30 AM 10: 53

SAFARI PROGRAMO, INC.	14 Jon 60
(Name of Corporation as currently filed with the	Florida Dept. of State)
G14542	
(Document Number of Corporation	(if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat." ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
(Frincipal Office address MOST BE A STREET ADDRESS)	
•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
	<del></del>
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	ss:
Name of New Registered Agent	
(Florida s	street address)
New Registered Office Address:	, Florida
(City	y) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen	**
I hereby accept the appointment as registered agent. I am familian	with and accept the obligations of the position.
Signature of New Registerea	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.

X Change	<u>PT</u> Jo	ohn Doe	
X Remove	<u>v</u> <u>M</u>	like Jones	
X Add	SV Sa	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	CEO	Ramona Pariente	1400 N.W. 159 Street
Add			Suite 104
Remove			Miami Gradens, FL 33169
2) Change	CEO	Alexandre M. Pariente	1400 N.W. 159 Street
Add			Suite 104
Remove			Miami Gardens, FL 33169
3) Change	P	Alexandre M. Pariente	1400 N.W. 159 Street
Add			Suite 104
Remove			Miami Gardens, FL 33169
4) Change	<u>C</u>	Ramona Pariente(Emeritus)	1400 N.W. 159 Street
Add			Suite 104
Remove			Miami Gardens, FL 33169
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	ts, if necessary).	cles, enter chang (Be specific)			
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				allation of issue	d shares.
f an amendment prov	ides for an exch	ange, reclassific	<u>ation, or canc</u>	enation of issue	40 Oct. 001
provisions for implem	nenting the amer	ange, reclassific	ation, or canc ntained in the	amendment its	elf:
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provisions for implem	nenting the amer	ange, reclassific	ation, or canc	amendment its	elf:

	SECRETARY OF STATE	
The date of each amendment(s) ado date this document was signed.	ption: DIVISION OF CORFORATIONS	, if other than the
Effective date if applicable:	14 JUN 30 AM 10: 53	
<u></u> .	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated June 26,	2014	
Signature	C The	
selected,	ector, president or other officer – if directors or officers have not been by an incorporator if if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
1	om J. Manos	
_	(Typed or printed name of person signing)	
F	Registered Agent	
	(Title of person signing)	