L48603

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SECRETARY OF STATE TALL ABOVESSEE, FLOREDA

FILED

C. LEWIS

Jan: 15:2014

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corpor	rations		
NAME OF CORPOR	ATION: A.A.A. MA	NAGEMENT	INC
DOCUMENT NUMB	1.40602		
	f Amendment and fee are su	hmitted for filing	
		-	
Please return all corresp	ondence concerning this mat	iter to the following:	
<u>,</u>	AZINA KANJI		
		Name of Contact Person	
<u> </u>	FINANCIAL AC		SERVICES PLC
	720 10/ 00/ 01	Firm/ Company	
-	730 W COLON	Address	
(ORLANDO FL		
_	OTENIO TE	City/ State and Zip Code	
EIN	ACCTSVC@G	-	
FIIN		sed for future annual report	notification)
	(· · · · · · · · · · · · · · · · · · ·	,
For further information	concerning this matter, pleas	se call:	
AZINA KAN	IJ	_{at (} 407	423-2371 X 112
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	☐S43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	U\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address		Address
	ndment Section sion of Corporations		Iment Section on of Corporations
201712	D COOPOIGNOIS	CUO	12 01 00 positions

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

APPROVEU AND FILED

Articles of Amendment to Articles of Incorporation

14 JAN 14 PH 1:20

SECRETARY OF STATE TALL THANSEE, FLORIDA

A.A.A. MANAGEMENT INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
L48603	

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) The second of the second	The new pany," or "incorporated" or the abbreviation
A.A.A. MANAGEMENT GROUP INC ame must be distinguishable and contain the word "corporation," "com "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A "cord "chartered," "professional association," or the abbreviation "P.A." 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS Orl C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 730	pany," or "incorporated" or the abbreviation professional corporation name must contain the 14 NAPIER CIRCLE ando FI 32926
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A word "chartered," "professional association," or the abbreviation "P.A." 3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS Orl C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	pany," or "incorporated" or the abbreviation professional corporation name must contain the 14 NAPIER CIRCLE ando FI 32926
3. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS Orl C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 730	ando FI 32926
Principal office address MUST BE A STREET ADDRESS Orl C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 730	
(Mailing address MAY BE A POST OFFICE BOX)	W Colonial Dr
· · · · · · · · · · · · · · · · · · ·	
	ando Fl 32804
D. If amending the registered agent and/or registered office address in Fl new registered agent and/or the new registered office address: Name of New Registered Agent	orida, enter the name of the
(Florida street address: 730 W Colonial Dr Orla	·
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	

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 <math>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> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	Title	Name	Address
1) X Change	PD	ALI, SALIM H	10509 BOSTLE CASTLE RD
Add			GLENALLEN VA 23060
Remove			
2) X Change	VS	ALI, SHAHNAZ S	10509 BOSTLE CASTLE RD
Add		,,,,,,	GLENALLEN VA 23060
Remove			
3) Change	<u>V</u>	RAWJI, ABDULAZIZ	401 W 4TH STREET
Add			CHULUOTA FL 32766
X Remove			
4) Change	***		
Add			
Remove			
5) Change	***************************************		
Add			
Remove			
6) Change			
Add			
Remove			

	r adding additional Articles and sheets, if necessary).	(Be specific)	<u>ipeis) nere</u> .		
	 				
			 		
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provisions for	ent provides for an exc r implementing the am plicable, indicate N/A)	hange, reclassifi endment if not c	cation, or cance ontained in the	llation of issued amendment itsel	shares, f:
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APPROVED AND FILED

14 JAN 14 PM 1: 20

The date of each amendment(s) adoption:		, if other than the
date this document was signed.	SECRETARY OF STATE TALL THANSEE, FLORIDA	
Effective date if applicable:		·
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHE	CK ONE)	
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap	nareholders. The number of votes cast for the amendment(s) proval.	
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amend	ment(s) was/were sufficient for approval	
by(votin	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(votin	ng group)	
☐ The amendment(s) was/were adopted by the be action was not required.	oard of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the in action was not required.	accorporators without shareholder action and shareholder	
Dated_08/30/2013	3	
. Signature		<u> </u>
	lent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court by that fiduciary)	
SALII	M ALI	
	(Typed or printed name of person signing)	

DIRECTOR

(Title of person signing)