## 1040007085

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORI	PORATION: Edge Zones	, Inc.		
DOCUMENT NU	MBER: N04000007085		<del>-</del>	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.		
Please return all co	orrespondence concerning th	is matter to the following:		
Sag	rario Oquet	of Contact Person)		
	(Name	or Contact Person)		
Edg	e Zones, Inc.			
	(Fi	rm/ Company)		
47	N.E. 25th St.			
<del></del>		(Address)		
Mia	mi, Fl 33127			
	(City/S	State and Zip Code)	<del></del>	
For further inform	ation concerning this matter,	please call:		
Sagrario Oquet	e of Contact Person)	at () 305 30	38852 ne Telephone Number)	
,	·	nade payable to the Florida De	-	
	k for the following amount is			
☐\$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	■ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		
Mailing A		Street Address Amendment Section		
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327		Clifton Building		
	e, FL 32314	2661 Executive Center (	Circle	
		Tallahassee, FL 32301		

## Articles of Amendment to Articles of Incorporation of

2300	FIL	Em
A COLO	$\Omega \nu$ .	
of State)	Sele, or Fi	This a

	Edge	Zones.	Inc.		
Name of Corporation as	currently	filed with	the Florida	Dept.	of State)

## N04000007085

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new nam	e of the corporati	on:	
The new name must be distinguishable an abbreviation "Corp." or "Inc." "Company			corporated" or the
B. Enter new principal office address, if a (Principal office address MUST BE A STR			
C. Enter new mailing address, if application (Mailing address MAY BE A POST OF		P.O. Box 398356,	Miami FL 33239
D. If amending the registered agent and/o new registered agent and/or the new re			ter the name of the
Name of New Registered Agent:			_
New Registered Office Address:	47 N.E. 25th (Flor	St. rida street address)	
	Miami, FL		, Florida 33127_
		(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

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) **Title** <u>Name</u> Address **Type of Action** David Vardi Mr. 2214 N. Miami Ave. \_ 🗖 🚨 Add Miami, Fl 33127 Remove Ms. Natasha Hirth Add 🖸 🗖 1900 N. Bayshore Dr. Remove Apt.2517 Miami, Fl 33137 \_\_\_\_\_ **Q** Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment	t(s) adoption: November 12, 2008
Effective date if applicable:	November 12, 2008
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or radopted by the board of dir	nembers entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_Nov	ember 12, 2008
hav	the chairman or vice chairman of the board, president or other officer-if directors e not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	Sagrario Oquet (Typed or printed name of person signing)
	Registered Agent / Director