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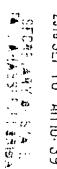
(Requestor's Name)				
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

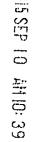
Office Use Only



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SEP 1 to 2015 C. CAREUTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	FIRST ASSEMBLY WEST INC.
DOCUMENT NUMBER:	N 090000 1818
The enclosed Articles of Amend	ment and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
	SVETLANA GERA
	(Name of Contact Person)
·	FIRST ASSENBLY WEST
	(Firm/ Company)
	121 DEL PENDO BLVDS
	121 DEL PERDO BLVO S (Address)
	CAPE COLAL / FL 3399 O (City/ State and Zip Code)
	(City/ State and Zip Code)
	lana & firstassembly west. com il address: (to be used for future annual report notification)
E-ma	address: (to be used for future annual report notification)
For further information concerni	ng this matter, please call:
SVETI	LANA GERA at 239 468-0813 (Area Code) (Daytime Telephone Number)
(Na	ne of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the follow	wing amount made payable to the Florida Department of State:
\$35 Filing Fee	\$43.75 Filing Fee & \$\sum \\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee \text{Certificate of Status} \text{Certified Copy} \text{(Additional copy is enclosed)} \text{Certified Copy} \text{(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

Articles of Amendment



Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) 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 name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 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 (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)

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 X.Remove X.Add	PT John D V Mike Jo SV Sally S	ones	NA	
Type of Action (Check One)	<u>Title</u>	Name		Address
1) Change		,		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
A dd				
Remove				
5) Change				
Add				•
Remove				
6) Change		<u></u>		
A dd				
Remove				

. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)		
		NA	
<u> </u>			
			
, <u></u>			
<u> </u>			

The (date of each amendment(s) adoption	n: 9	1/2015		, if other than the
•	this,document was signed.	9/8	2015	, imendment file date)	
	: If the date inserted in this block dooment's effective date on the Department.	es not meet the app	plicable statu	,	date will not be listed as the
Ad op	otion of Amendment(s)	(CHECK ONE))		
	The amendment(s) was/were adopted was/were sufficient for approval.	by the members a	and the numb	per of votes cast for the amend	iment(s)
Ø	There are no members or members er adopted by the board of directors.	ntitled to vote on the	he amendme	ent(s). The amendment(s) was	:/were
	/2	12015			
		ected, by an incorp nted fiduciary by the	oorator – if it hat fiduciary		
		Corey is	Jaker	me of person signing)	
		Pash-	- IPRES	DEST person signing)	. <u></u>
			Marine or I	various difficulty)	