N11000003509

Office Use Only



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10/05/11--01014--032 **52.50

OCT - 6 2011

EXAMINER

COVER LETTER

Light Committee of

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Shark Front In	IC.	
DOCUMENT NUM	BER: N11000003509		
The enclosed Articles	s of Amendment and fee are sul	omitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
	Julio (Name of	e Andersen f Contact Person)	
		Angels Inc.	
	(Firn	n/ Company)	
		rlando Loft 58,	
	· ·(Address)	
		Park, FL 32789	
	(City/ Sta	te and Zip Code)	
	julie@sh E-mail address: (to be use	narkangels.com od for future annual report notifi	cation)
For further information	on concerning this matter, pleas	e call:	
Sanaa Benjelloun	of Contact Person)	at (917) 834-40	68 time Telephone Number)
,	•	payable to the Florida Departme	•
□\$35 Filing Fee	\$43.75 Filing Fee & Certificate 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 Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

<u> </u>	hark Front Inc.	
(Name of Corporation as c	urrently filed with the Florida Dept. of	f State)
N	l11000003509	
	Number of Corporation (if known)	
Pursuant to the provisions of section 617.10 the following amendment(s) to its Articles of		or Profit Corporation adopts
A. If amending name, enter the new nam	ne of the corporation:	
:	Shark Angels Inc.	
The new name must be distinguishable an abbreviation "Corp." or "Inc." "Compan		
abbreviation Corp. or IncCompan	y" or "Co." may not be usea in the nam	<u>e</u> .
B. Enter new principal office address, if (Principal office address MUST BE A STR		
(17 metput office unitess MOST DE 71 STR		Ym gra yarat
		MOCT -5 AHIII: 47
		00 00
C. Enter new mailing address, if applica		OCT -5
(Mailing address <u>MAY BE A POST OI</u>	<u>FFICE BOX</u>)	i
		AH JU: 47
D. If amending the registered agent and/		enter the name of the
new registered agent and/or the new r	registered office address:	
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chall hereby accept the appointment as registate position.		ccept the obligations of the
	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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>Directo</u> R	Jamie Pollack	300 East 93rd street, Apt 34 A New York, NY 10128	☑ Add □ Remove
(attach ada	ng or adding additional Articles, littional sheets, if necessary). (Be titles for existing officers		
	ERSEN Title : Director		
,	-		
			

The date of each amendm	ent(s) adoption: 9/8/11
·· ·	(date of adoption is required)
Effective date <u>if applicabl</u>	e: 9/8/11 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/was/were sufficient for a	were adopted by the members and the number of votes cast for the amendment(s) approval.
There are no members adopted by the board of	or members entitled to vote on the amendment(s). The amendment(s) was/were
and of the board of	
Dated <u>9/</u> 3	30/11
Signature	
t	By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
	Sanaa Benjelloun
	(Typed or printed name of person signing)
	Director
	(Title of person signing)