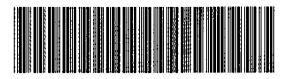
# N11000005068

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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2011 DEC 12 AM DE 26

SECRETARY OF STATE
MALLAHASSEF, FINDRIE,

Amend

12-13-11

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	ON: ARMS AROUND TH	IE WORLD, INC.	
DOCUMENT NUMBER:	N11000005068		
The enclosed Articles of An	nendment and fee are subm	itted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
Aaron Rios			
	(Name	e of Contact Person)	
ARMS AROUND THE WO	ORLD, INC.		
	(F	irm/ Company)	
8418 Greystone Dr			
a41a Cicystone Di	· · · · · · · · · · · · · · · · · · ·	(Address)	
·			
Lakeland, Fl 33810			
	(City/	State and Zip Code)	
_aatworg@gn	nail.com -mail address: (to be used :	For future or an all report	notification\
2	-man address: (to be used	for future annual report	nouncation)
For further information cond	erning this matter, please of	call:	
Aaron Rios		at ( 863	) 660-2375
(Name of Co	ntact Person)		ode & Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pay	able to the Florida Dep	artment of State:
☑ \$35 Filing Fee	□\$43.75 Filing Fee & i Certificate of Status	343.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A Amendme	<del></del>		Address Iment Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2011

AARON RIOS ARMS AROUND THE WORLD, INC. 8418 GREYSTONE DR LAKELAND, FL 33810

SUBJECT: ARMS AROUND THE WORLD, INC.

Ref. Number: N11000005068

We have received your document for ARMS AROUND THE WORLD, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 411A00027069

### Articles of Amendment to Articles of Incorporation of

2011 DEC	ELLED
ALTASETAN pt. of Stars	2 AM 10 26 E. FLORESTATE

ARMS AROUND THE WORLD, INC.

ARMS AROUND THE WORLD, INC.		
(Name of Corporation as curre	ently filed with the Flo	rida Dept. of State
N11000005068		rida Dept. of State SEE, FLORIE
(Document Number of Co	orporation (if known)	102
(=		
Pursuant to the provisions of section 617.1006, Florida Sollowing amendment(s) to its Articles of Incorporation:		t For Profit Corporation adopts the
A. If amending name, enter the new name of the corp	poration:	
The new name must be distinguishable and contain the w "Corp." or "Inc." <u>"Company" or "Co." may not be us</u>		'incorporated" or the abbreviation
B. Enter new principal office address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	•
C. Enter new mailing address, if applicable:	•	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
D. If amending the registered agent and/or registered		ida, enter the name of the
new registered agent and/or the new registered of	fice address:	
Name of New Registered Agent:		
Nume of New Registered Agent.		
New Registered Office Address:	(Florida street address	)
New Register cut Office Hauress.		
		, Florida
•	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist	torod Agent	
hereby accept the appointment as registered agent. I c		cept the obligations of the position.
	,	,

Page 1 of 4

Signature of New Registered Agent, if changing

# If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)		<u>Name</u>		Address	
1) <u>P</u>		RIOS, AARON		8418 Greystone DR. Lakeland Fl 33810	<u> </u>
<b>2</b> ) <u>T</u>	·	NELSEN, BRIAN	<u></u>	5396 DORNICH DR AUBURNDALE FL 33823	
3) <u>C</u>		DAVIS, JEFF DR.		605 E LAUREL POINTE DR LAKELAND FL 33813	<u> </u>
4) <u>S</u>		KELLEY, JOHNATHAN		8318 PORCH CT LAKELAND FL 33810	
5)					<u> </u>
6)			<del></del>		<u> </u>
<u>If REMOVI</u>	NG an office	er and/or director, please list t	the title(s) an	d name of the officer/director to be rem	 oved:
Title(s)	<u>Name</u>		Title(s)	<u>Name</u>	
1)			4)		_
2)			5)		
3)			6)		

E. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
EIN NUMBER: 45-2208505	
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	The date of each amendment(s) adoption: 12/7/2011		
	Effective date if applicable:  (no more than 90 days after amendment file date)		
	Adoption of Amendment(s) (CHECK ONE)		
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.		
d	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.		
	Signature Signature		
	(By the chairman of vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)		
	(Typed or printed name of person signing)		
	(Title of person signing)		

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