Florida Department of State

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COR AMND/RESTATE/CORRECT OR O/D RESIGN CARITAS FELICES INC

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Corporate Filing Menu

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From: 3053581320

FILED Pose: P. 002

Articles of Amendment Articles of Incorporation of · A CARITAS FELICES INC (Name of Corporation as currently filed with the Florida Dept. of State) N11000010801 (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 name of the corporation: HAPPY FACES USA INC The new 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 strest address) New Registered Office Address: Florida (City) 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

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the record t	<u>a be. Please indic</u> se can index up to	and/or Directors, oleas ate the title(s), name ar 6 officers/directors, If)	id address for each	officer/director.	
Title(s)	·	<u>Name</u>		Address	
1)		· · · · · · · · · · · · · · · · · · ·			
2)					
3)	_				
d)			· ·		
5)	\		<u>-</u>		
6)					
<u>II REMOVE</u>	NG an officer and	d/or director, please list	t the title(s) and name	ns of the officer/directo	er to be removed:
Title(g)	<u>Name</u>		Title(s)	Name	
1)	<u> </u>		4)		
2)			5)		
3)			6)		

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- in amounting or auding additional Art	ncues, enter change(s) here:
. If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
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The date of each amendment(s) adoption: 12/05/2011
Effective date if applicable: 12/05/2011 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amondment(s) was/were adopted by the members and the number of votes cast for the amondment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amondment(s). The amondment(s) was/were adopted by the board of directors.
Detect 12/05/2011
Signature Mas medicaria
(By the chairman of vice similines 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 experiment Adversary by that fiduciary)
FRANCISCO TARUD SR
(Typed or printed name of person signing)
DIRECTOR
(Title of person signing)

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