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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section **Division of Corporations**

| NAME OF CORPORATION | ST. ELIAS THE TISI DN: | HBITE, INC. | | |
|-------------------------------|--|------------------------|--------------------|---|
| DOCUMENT NUMBER: _ | N17000009394 | | | |
| | | | | |
| The enclosed Articles of Am | endment and fee are subm | itted for filing. | | |
| Please return all corresponde | ence concerning this matter | to the following: | | |
| Jacques Hakim | | | | |
| - | - (| Name of Contact Per | son) | |
| St. Elias the Tishbite, Inc. | | | | |
| | | (Firm/ Company) | | ·· |
| 8136 Leo Kidd Ave | | | | |
| _ | · | (Address) | | · <u> </u> |
| Port Richey, FL 34668 | | | | |
| | (| City/ State and Zip C | ode) | |
| jhaki@tampabay.rr.com | | | | |
| E | -mail address: (to be used | for future annual repo | ort notification |) |
| For further information conc | erning this matter, please of | eall: | | |
| Jacques Hakim | | at | 727 | 385-8189 |
| | (Name of Contact Person) | | (Area Code) | (Daytime Telephone Number) |
| Enclosed is a check for the f | ollowing amount made pay | able to the Florida D | epartment of S | State: |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & E Certificate of Status | | Certifi Certifi | O Filing Fee cate of Status led Copy tional Copy is used) |
| Mailing A | alat many | Sam. | sat Adduses | |

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 to Articles of Incorporation of

FILED 17 NOV -8 PH 12: 49

St. Elias the Tishbite, Inc. SECRETARY OF GIALF (Name of Corporation as currently filed with the Florida Dept. of State) N17000009394 (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: 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 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 | <u>V</u> <u>Mil</u> | n Doe se Jones ly Smith | |
|----------------------------------|---------------------|-------------------------------|------------------------|
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | P | ALAGHA, SALIM | 2530 WILSON ROAD |
| Add | | | LAND O LAKES, FL 34638 |
| X Remove | | | |
| 2) Change | VP | SABA, WALID | 2530 WILSON ROAD |
| Add | | | LAND O LAKES, FL 34638 |
| X Remove | | | |
| 3) X Change | VP | SAKR, ZIAD | 2530 WILSON ROAD |
| Add | | | LAND O LAKES, FL 34638 |
| Remove | | | |
| 4) Change | P | Karam, ELIE | 2530 WILSON ROAD |
| X Add | | | LAND O LAKES, FL 34638 |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| f amending or adding additional Art utach additional sheets, if necessary). | (Be specific) | | | | |
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| | 11/2/2017 | |
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| | date of each amendment(s) adoption: ithis document was signed. | f other than the |
| Effe | ctive date if applicable: | |
| | (no more than 90 days after amendment file date) | |
| | e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records. | isted as the |
| Add | ption of Amendment(s) (<u>CHECK ONE</u>) | |
| | The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. | |
| | There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. | |
| | Dated | |
| | Signature / te/h | |
| | (By the chairman or 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) | |
| | Jacobes Hakim | |
| | (Typed or printed name of person signing) | |
| | SEC | |
| | (Title of person signing) | |