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SECRETARY OF STATE
SECRETARY OF STATE

Amend Mc Newis 11-9-09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	LEOMARS INT'L, INC	•	
DOCUMENT NU	JMBER:	P00000032514		
The enclosed Artic	cles of Amendment and fee	e are submitted for filing.		
Please return all co	orrespondence concerning	this matter to the following:		
	LEOPOLD S. G. WRAY			
		Name of Contact Person		
	LEOMARS INT'L, INC. Firm/ Company 11825 ISLAND LAKES LANE			
	Address		<u></u>	
BOCA RATON, FL 33498-6820				
		City/ State and Zip Code		
	STANLE'	YG1@COMCAST.NET used for future annual report notification)		
	E-man address: (to be t	ised for future annual report nonffication)		
For further inform	ation concerning this matte	er, please call:		
	EOPOLD WRAY	at (561) 85		
Name	of Contact Person	Area Code & Daytime Tele	ephone Number	
Enclosed is a chec	k for the following amount	made payable to the Florida Depart	ment of State:	
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)		
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations		
P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301	3	

Articles of Amendment to Articles of Incorporation of

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		720
LEOMARS INT'L.	,INC.	2009 NOV
(Name of Corporation as currently filed with		SECRETARY OF A 11: 38
P0000003251	4	TALLAH TARY DE CO
(Document Number of Corpor		SECRETARY OF STATE TALLAHASSEE. FLORIDA
Pursuant to the provisions of section 607.1006, Florida Sta amendment(s) to its Articles of Incorporation:	tutes, this <i>Florida Profit Corpo</i>	
A. If amending name, enter the new name of the corporate	tion:	
CONCEPT INT'L,	INC.	The new
name must be distinguishable and contain the word "coabbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional asso	"Corp," "Inc," or "Co". A pro	ofessional corporation
B. Enter new principal office address, if applicable:	11825 ISLAND LAKES	LANE.
(Principal office address <u>MUST BE A STREET ADDRESS</u>	BOCA RATON.	<u> </u>
	FL 33498-6820	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 970835.	
	BOCA RATON,	
	FL 33497-0835	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a		e name of the
Name of New Registered Agent: LEOPOLD	S. G. WRAY	
11825 ISL	AND LAKES LANE	
New Registered Office Address: (Fl	orida street address)	
BOCA RAT		orida_33498-6820
(Cit	ty) (Zip Code	е)
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fa	miliar with and accept the obliga	ations of the position.
Sim Au	w Registered Agent, if changing	
Signature of No.	ew Kegisierea Ageni, ij 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>	Address	Type of Action
	4-30-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		☐ Add ☐ Remove
			☐ Add☐ Remove
E. If amen (attach a	ding or adding additional Articles, ent additional sheets, if necessary). (Be spe	er change(s) here:	
provisi	mendment provides for an exchange, rions for implementing the amendment not applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: NOVEMBER 4, 2009
Effective date <u>if applicable</u> :.	(date of adoption is required)
	(no more than 90 days after amendment file date)-
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	,"
	(voting group)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Dated_NO	/EMBER 4, 2009
Signature _	Silvai
(By sel	a director, president or other officer = if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	LEOPOLD S. G. WRAY
	(Typed or printed name of person signing)
	VICE PRESIDENT & REGISTERED AGENT
	(Title of person signing)