P01000115276

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



900058640629

OS AUG 22 PM 12: 39
SECHE FARY OF STATE ALLAHASSEE, FLORIDA

NIC Amena

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	OPTI BAY	· COM COR	P	
DOCUMENT NUMBER:	PO 1000	0 115276		
The enclosed Articles of Amendm	nent and fee are subm	nitted for filing.		
Please return all correspondence c	oncerning this matte	r to the following:	-	
HAN	NELORE (Name of Contact	KOHAN		
	(Name of Contac	et Person)		
	(Firm/ Comp	pany)		
16139	CHIEF (Address	De. Box7	<u>) </u>	
HUDS	City/ State/ and	3466°	7	
For further information concerning this matter, please call:				
HANNA KOK	<i>FRN</i> at	(427) 998 (Area Code & Daytime Tel	1-20174	
(Name of Contact Person		(Area Code & Daytime Tel	lepnone Number)	
Enclosed is a check for the follow: \$\Begin{array}{c} \$35 \text{ Filing Fee} \\ \$43.75 \text{ Filing Fee} \\ \$Certificate \end{array}	ng Fee & □ 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 Corporations 409 E. Gaines Street Tallahassee, FL 32399



August 12, 2005

HANNELORE KOHAN 16139 CHIEF DRIVE HUDSON, FL 34664-4834

SUBJECT: OPTIBAY.COM CORP. Ref. Number: P01000115276

We have received your document for OPTIBAY.COM CORP., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$43.75.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Letter Number: 205A00051803

Thelma Lewis
Document Specialist Supervisor

of of OS AUG 22 PM IS
(Name of corporation as currently filed with the Florida Dept. of State)
PO 1000 115376 (Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing): AOS——ADVANCED OPTICAL 5\51\51\51\51\51\51\51\51\51\51\51\51\51
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) SUB. S. CORPA SAME DS BEFORE
. Thank you fam
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

Articles of Amendment

to
Articles of Incorporation

FILED

05 AUG 22 PH 12: 39

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Signed this 10 day of August 2005
Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) HANNELORE LOHAN (Typed or printed name of person signing) ORES VIPES.

FILING FEE: \$35

(Title of person signing)