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SECRETARY OF SHALE

C.1,29,15

		COVERLETTER	ą.
TO: Amendment Secti Division of Corpo			·
NAME OF CODDOD	_{kation:} Mohamm	ad H_Salehiar	n P.A.
	134248966		000048781)
DOCUMENT NUMB	BER: 104240000	1000	00040100
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Salehian, Moh	ammad	
		Name of Contact Person	n
•		Firm/ Company	
	5271 Images C	Circle # 308	
•		Address	,
	Kissimmee,FL	.,34746	
•		City/ State and Zip Cod	e
mo	esalehian@gm	nail com	
1110		sed for future annual report	notification)
		oo to tasare antiqui report	no in controlly
For further information	concerning this matter, pleas	se call:	
0 1 1 2		40=	7000 4 4 4
Salehian M	onammad	_{at (} 407	7332411
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee
-	Certificate of Status	Certified Copy	Certificate of Status
		(Additional copy is enclosed)	Certified Copy
	·	enciosed)	(Additional Copy is enclosed)
Mail	ling Address	Sémané	Address
	endment Section		Iment Section
	sion of Corporations	Division of Corporations	
P.O. Box 6327		Clifton Building	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Articles of Amendment to Articles of Incorporation of

15 JAN 27 PM 1: 35

MOHAMMAD H. SA	LEHIAN,P.A.		
	s currently filed with the Flo	orida Dept, of State)	
134248966 - 403	00004878	<i>30</i>	
(Docume	nt Number of Corporation (if	known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this F	lorida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new n	ame of the corporation:		
			The new
	nation "Corp," "Inc," or "C		
B. Enter new principal office address, if applicable:		2202 N Westshore BLVD	
(Principal office address MUST BE A S	STREET ADDRESS)	Tampa,FL, 33607	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2202 n Westshore BLVD	
		Tampa, FL,33607	
D. If amending the registered agent an new registered agent and/or the ne		ss in Florida, enter the name of the	
Name of New Registered Agent	Tylor Hooper		
	2202 N Wests	hore BLVD	
	(Florida stree		
New Registered Office Address:	Tampa	, Florida FL	
	(City)	(Zip Code)	
New Registered Agent's Signature, if	changing Registered Agent:		
I hereby accept the appointment as regis	tered agent. I am familiar wi	ith and accept the obligations of the position.	
	14/		
9	Consture of New Registered A	nant 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.

X Change	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sm	<u>iith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
🗀 🕳				
4) Change		-		
Add				
Remove				
5) Change		_		
Add				
Remove				
				
6) Change	*****			
Add				
Remove				

	(Be specific)
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	*** *********************************
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

The date of each amendment(s) adoption: 01/18/2015 date this document was signed.	_, if other than the
10/16/0014	
Effective date if applicable: (no more than 90 days after amendment file date)	-
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
The amendment(s) was/were adopted 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.	
Dated 12/16/2014	
Signature Why Styn	
(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)	
Mohammad H Salehian	_
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	_

- . . .