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SEP 2 4 2015 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: HAWA INC.		
DOCUMENT NUMBER: P04000032636		
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
NAVEED HANIF		
	Name of Contact Person	
ACCOUNTING ADVANTA	GE USA	
	Firm/ Company	
925 S MILITARY TRAIL, D	4	
	Address	
WEST PALM BEACH, FL 3	3415	
-	City/ State and Zip Code	
nhanif@accountingadvantageusa.co	om	
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
NAVEED HANIF	at (at)
Name of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depar	rtment of State:
\$35 Filing Fee \$Certificate 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	Street Address	
Amendment Section		ment Section
Division of Corporations		n of Corporations Building
P.O. Box 6327 Tallahassee, FL 32314		xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HAWA INC		
(Name of Corporation as cu	arrently filed with the Florida Dept.	of State)
P04000032636		
(Document Nu	mber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation ado	opts the following amendment(s) to
A. If amending name, enter the new name of the corporati	ion:	
		The new
name must be distinguishable and contain the word "corp." "Inc.," or Co.," or the designation "Corp," "Inc., word "chartered," "professional association," or the abbrevi	" or "Co". A professional corporati	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		N P
		, mil
C. Enter new mailing address, if applicable:		STATE STATE
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
D. If amending the registered agent and/or registered office	ce address in Florida, enter the name	e of the
new registered agent and/or the new registered office a		. 01 1110
Nama of Nam Pagistanad Agant		
Name of New Registered Agent		
(Fig.	orida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai		of the position.
2 20, accept the appointment as registered agent. I am jui		ey 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 <math>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	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	MAHMOOD ISMAIL	1110 SW 191 TERR
Add			PEMBROKE PINES, FL 33029
X Remove			
2) Change	SEC	MUDASSAR ISMAIL	1110 SW 191 TERR
Add			PEMBROKE PINES, FL 33029
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
0 0			
6) Change			
Add			
Remove			

	ding additional Arti heets, if necessary).	(Be specific)				
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	08.13.15	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
. 08	3.13.15	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	:
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
08.13.15		
Dated		
Signature /	train Teal	
	a director, president or other officer – if directors or officers have not been	
` •	eted, by an incorporator – if in the hands of a receiver, trustee, or other court	
appo	pinted fiduciary by that fiduciary)	
	AMIN ISMAIL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	