P04000114875

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	ON: ALYAN ASSOCIA	ATES INC		
DOCUMENT NUMBER:	P04000114875			
The enclosed Articles of Am		bmitted for filing.		31 (1)
Please return all corresponde	ence concerning this mat	tter to the following:		
СНА	RLES GENTRY			
	<u></u>	Name of Contact Person	<u> </u>	-
A C C	OUNTING AND TAX A		***	
///			<u></u>	_
1903	N HERCULES AVE	Firm/ Company		
		Address		-
CT E.	ARWATER, FL 33763	Addiess		
		C'. / 0	1.	-
		City/ State and Zip Co	<u>de</u>	
CHARLIE(@ACCOUNTINGAND	ГАХРА.СОМ		
	E-mail address: (to be us	sed for future annual repor	t notification)	
For further information cond	cerning this matter, pleas	se call:		
CHARLES GENTRY		727	ode & Daytime Telephone Number	
Name of Cor	ntact Person	Area C	ode & Daytime Telephone Numbe	er
Enclosed is a check for the t	following amount made p	payable to the Florida Dep	partment of State:	
□ \$35 Filing Fee [3\$43.75 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)	
Division o P.O. Box	ent Section of Corporations	Amer Divis Clifto	t Address adment Section ion of Corporations on Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

ALYAN ASSOCIATES INC

(Name of Corporation as currently filed with the Florida Dept. of State)

ent(s) to

P04000114875	1	
((Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the	ne following amendme
A. If amending name, enter the new name of	f the corporation:	
		The new
	he word "corporation," "company," or "incorporated" "Corp," "Inc," or "Co". A professional corporation more the abbreviation "P.A."	
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		
	 	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		
D. If amending the registered agent and/or r new registered agent and/or the new regi	registered office address in Florida, enter the name of the stered office address:	<u>1e</u>
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	(City), Florid	da(Zip Code)
	(City)	(Lip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a	ng Registered Agent: ligent. I am familiar with and accept the obligations of the	e 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: \underline{X} Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	D/V		CHARLES L. WILLIAMSON	16 SAUNDERS AVE
X Add				LARGO, FL 33773-3943
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				CHARLES
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Damaua				

ttach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
•	
an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Д Effective date <u>if applicable</u> :	JLY 29, 2015	
Effective date in applicable.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmer sufficient for approval.	ut(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareho	lder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
JULY 29	, 2015	
Dated		
Signature	director, president or other officer – if directors or officers have not bee	
	sted, by an incorporator – if in the hands of a receiver, trustee, or other co	
appo	inted fiduciary by that fiduciary)	
	AYAD ELAYYAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	