## P05000016684

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## **COVER LETTER**

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TO: Amendment Section

Division of Corporations	_			
NAME OF CORPORATION:	DEVELOPMENT, INC			
DOCUMENT NUMBER: P05000016684				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this mat	ter to the following:			
VISHNU	RoodHoo Name of Contact Person			
VT DE	1ELOPMENT, INC			
VT DEVELOPMENT, INC Firm/Company 5230 WHISPOR DRIVE				
	Address			
CORAL ST	PRINGS FZ, 38067  City/ State and Zip Code			
E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
	e cail.			
VISHNU BOODHOO	at (954) \$91 1021			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Malling Address	Street Address			
A mendment Section Division of Corporations	A mendment Section Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

## Articles of Amendment Articles of Incorporation Po 5000 0 16684 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 5230 WHISPER DRWS B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) cola SPRINGS, FL 5230 WHISPER DRWD C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) COLAR SPRINGS FR D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. Lam familiar with afid accept the obligations of the 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.

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Example: 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	Address
1) Change	P	RAI, TO & TESHWH	To THE GANES LAW FIR.
, Add		<b>,</b>	5531 N. UNIVICEITY DR
Remove			1/0 THE GANES LAW FIRM 5531 N. UNIVICEITY DR SUITE 103, CORA SPEN 33069
2) Change	P	BOODHOO, VISHNU	5230 WHISPOL DENE
X Add			CORAL STRINGS
Remove			FL, 33067
3) Change			<del></del>
Add			
Remove			
4) Change	<u></u>		
Add			
Remove			<del></del>
5) Change			
Add			
Remove			
6) Change			
Add		The second secon	
Remove			
IXCHIOVE			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)			
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	<u> </u>	·-····		
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			•	
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or nament if not contained in	cancellation of issu 1 the amendment it	ed shares, self:	
			<u> </u>	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more th	an 90 days after amendment file date)
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record	pplicable statutory filing requirements, this date will not be listed as this.
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitle	
"The number of votes cast for the amendment(s) was	were sufficient for approval
by	'n
by	
The amendment(s) was/were adopted by the board of direct action was not required.	ctors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
Dated 3/14/17 Signature	
	officer - if directors or officers have not been
selected, by an incorporator – if appointed fiduciary by that fiduc	in the hands of a receiver, trustee, or other court
VISHN	u Sook Hoo  nted name of person signing)
(Typed or prin	nted name of person signing)
Pa	LESIDENT
<u></u>	itle of person signing)