## P05000023076

(F	Requestor's Name)	
(4	Address)	
(/	Address)	
(0	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	5	
(6	Business Entity Nan	ne)
(L	Document Number)	
Certified Copies	Certificates	s of Status
Special Instructions t	to Filing Officer:	}
i		
		,

Office Use Only



300333496033

08/29/19--01007--017 \*\*52.50

S TALLENT SEP 1 2019



Known

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: VIKSAR INC DOCUMENT NUMBER: P05000023076 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VIKRAM PATEL Name of Contact Person VIKSAR INC Firm/ Company 108 E CENTRAL BLVD. Address CAPE CANAVERAL, FL 32920 City/ State and Zip Code VHPATEL89@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 321 ) 7848433

Area Code & Daytime Telephone Number VIKRAM PATEL Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department 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 Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

VIKSAR INC.	
(Name of Corporation	n as currently filed with the Florida Dept. of State)
P05000023076	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor	poration:
	ThenewThenew
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDI</u>	RESS)
	a B
	2
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	
	<u></u>
	25 25
D. If amending the registered agent and/or registere new registered agent and/or the new registered o	
Name of New Registered Agent	
<del></del>	(Florida street address)
Marchael Comment	Plovido
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Regis	
I hereby accept the appointment as registered agent. I	am familiar with and accept the obligations of the position.
Siena	ture 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: XChange	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	SARJU PATEL	108 E CENTRAL BLVD.
Add			CAPE CANAVERAL FL 32920
X Remove			
2) X Change	Þ	VIKRAM PATEL	108 E CENTRAL BLVD.
Add			CAPE CANAVERAL FL 32920
Remove			
3 ) Change	VP	PRATIMA PATEL	108 E CENTRAL BLVD.
X —— Add			CAPE CANAVERAL FL 32920
Remove			
4) Change	s	MANISHA PATEL	108 E CENTRAL BLVD.
X Add			CAPE CANAVERAL FL 32920
Remove			
5) Change			
Add			
Remove			
6) Change	<del></del>	<del>-</del>	<del></del>
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	- 10-
	<del> </del>
	·
	<del></del>
lf an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	05 AUG 2019	
The date of each amendment(s) date this document was signed.	) adoption:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90) days after amendment file date)	<del></del>
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date wi Department of State's records.	II not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e 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 c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
■ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
. 05 AUC	G 2019	
Dated Signature	VI Path	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	VIKRAM PATEL	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	