

P05000044147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

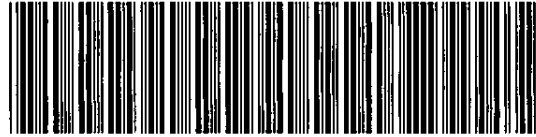
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08/28/09--01009--019 **43.75

FILED
09 AUG 28 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Anne
C.COULLIETTE

SEP 01 2009

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: HANDA CORPORATION

DOCUMENT NUMBER: P05000044147

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HARI HANDA

Name of Contact Person

HANDA CORPORATION

Firm/ Company

310 87TH AVE NORTH

Address

ST.PETERSBURG ,FLORIDA -33702

City/ State and Zip Code

baywayinn@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hari Handa

Name of Contact Person

at (727)

866 2471

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

HANDA CORPORATION

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

P 05000044147

(Document Number of Corporation (if known))

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

The new 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."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

4400 34TH STREET SOUTH
ST. PETERSBURG, FLORIDA 33711

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: _____
(Florida street address)

_____, Florida
(City) (Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES	HARI OM HANDA	310 87TH AVE NORTH ST.PETERSBURG,FL-33702	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
V.PRES	ADARSH H HANDA	310 87TH AVE NORTH ST.PETERSBURG,FL-33702	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
PRES	ATUL HANDA	310 87TH AVE NORTH ST.PETERSBURG,FL-33702	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

OFFICER/DIRECTORS.

DELETE NAME ...ATUL HANDA

SUBSTITUTE HARI OM HANDA 310 87TH AVE NORTH,ST.PETERSBURG FL-33702

PRESIDENT / SECY.

CHANGE OF ENTITY : DELETE BAYWAY INN AND SUBSTITUTE KNIGHTS INN.

4400 34TH STREET SOUTH,ST.PETERSBURG ,FL-33711.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: AUGUST 25, 2009.
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ 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 AUGUST 25, 2009.

Signature _____

(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)

HARI OM HANDA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)