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SECRETARY BE STATE TALLAHASSEE, FLORIS

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	NOREA Joy INC
	7-3167634
The enclosed Articles of Amendment an	d fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
ANDRO	SA JOY Name of Contact Person
	Name of Contact Person
	Firm/ Company
9617 N	1W 9 CT
	Address
PLANTAT	City/State and Zin Code
	only state and the soul
HNOREA TO E-mail address: (6	Y @ BEZLSOUTTH. NET  o be used for future annual report notification)
· ·	•
For further information concerning this r	
ANOREA JOY Name of Contact Person	at (954) 476.979/ Area Code & Daytime Telephone Number
Enclosed is a check for the following am	ount made payable to the Florida Department of State:
\$35 Filing Fee State  \$43.75 Filing Fee Certificate of State	
Mailing Address Amendment Section	Street Address Amendment Section
Amenament Section Division of Corporations P.O. Box 6327	Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## **Articles of Amendment**

* • · · · · · · · · · · · · · · · · · ·	to	*2 ·
	Articles of Incorporation	
	of ,	10. 57/10/2
ANOREA	JOY INC	- 1860 PR
(Name of Corporation as curr		ept. of State
20 - 316	7634	SSERVICE
(Document Nur	nber of Corporation (if known)	
fursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation:	06, Florida Statutes, this <i>Florid</i>	da Profit Corporation adopts the following
A. If amending name, enter the new name of	f the corporation:	
ANDREAS	TOY P.A.	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the came must contain the word "chartered," "pro	e designation "Corp," " <mark>Inc,"</mark> e	or "Co". A professional corporation
3. <u>Enter new principal office address, if app</u> Principal office address <u>MUST BE A STREE</u>		
2. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
). If amending the registered agent and/or new registered agent and/or the new regi		lorida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street addr	ress)
		, Florida
	(City)	, Florida (Zip Code)
lew Registered Agent's Signature, if changi	ing Registered Agent:	
hereby accept the appointment as registered o		accept the obligations of the position.
	Signature of New Registered Ac	

## 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) Title **Name** Address Type of Action ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) RENDER SERVIES AS 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:  23 APRIC 2010  (date of adoption is required)					
: 4	(date of adoption is required)				
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes east for the amendment(s) are sufficient for approval.				
	re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):				
"The number of votes	east for the amendment(s) was/were sufficient for approval				
by	(voting group)				
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder				
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder				
Dated	23 APRIC 2010				
Signature	Olfa-1				
sele	cted, by an incorporator – if in the hands of a receiver, trustee, or other court printed fiduciary by that fiduciary)				
	(Typed or printed name of possion signing)				
	(Title of person signing)				