P05000112746

(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	AME OF CORPORATION: MORAN ELECTRONICS, INC.				
DOCUMENT N	JMBER:	P05000112746			
The enclosed Arti	cles of Amendment and fee	are submitted for filing.			
Please return all c	orrespondence concerning t	his matter to the following:			
	ORIT ABRAMOV				
		Name of Contact Person			
		Firm/ Company			
•		33 KING STREET			
		Address			
		T AUGUSTINE FL 32084			
		City/ State and Zip Code			
	E-mail address: (to be u	sed for future annual report notification)			
For further inform	ation concerning this matte	r, please call:			
C	PRIT ABRAMOV	at (904)8264446			
Name	e of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a chec	k for the following amount	made payable to the Florida Department of State:			
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section		Street Address Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			
2 41141143000	· ·	Tallahassee, FL 32301			

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 20, 2011

ORIT ABRAMOV 33 KING STREET SAINT AUGUSTINE, FL 32084

SUBJECT: MORAN ELECTRONICS, INC.

Ref. Number: P05000112746

We have received your document for MORAN ELECTRONICS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L07000014054.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 011A00014870

RECEIVED

11 JUL - 1 AM 9: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment to **Articles of Incorporation**

	LECTRONICS, INC.	
(Name of Corporation as cu	rrently filed with the Florida [Dept. of State)
P(5000112746	
(Document N	umber of Corporation (if known)
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation		ida Profit Corporation adopts the following
A. If amending name, enter the new name	of the corporation:	
FSA IN	IVESTMENTS, INC.	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or in name must contain the word "chartered," "p	the designation "Corp," "Inc,"	or "Co". A professional corporation
B. Enter new principal office address, if a (Principal office address MUST BE A STR)		
C. Enter new mailing address, if applicate (Mailing address MAY BE A POST OF) D. If amending the registered agent and/on new registered agent and/or the new registered agent.	r registered office address in F	FILED AH 9: 50 Storida, enter the name of the
Name of New Registered Agent:	ORIT ABRAMOV	
	33 KING STREET	
New Registered Office Address:	(Florida street add	ress)
	SAINT AUGUSTINE	, Florida 32084
	(City)	, Florida <u>32084</u> (Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registered	ging Registered Agent: d agent. I am familiar with and Signature of New Registered A	

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:

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>P</u>	EYAL MEZIN	33 KING STREET	□ Add
		SAINT AUGUSTINE, FL 32084	☑ Remove
<u> </u>	ORIT ABRAMOV	33 KING STREET	☑ Add
		SAINT AUGUSTINE, FL 32084	☐ Remove
			Add
	•		Remove
	ding or adding additional Articles		
(anach a	dditional sheets, if necessary). (E	se specific)	
	· · ·		
F. If an a	mendment provides for an exchar	age, reclassification, or cancellation of iss	sued shares,
provisi	ons for implementing the amendr	nge, reclassification, or cancellation of iss nent if not contained in the amendment i	
provisi (if n			
provisi	ons for implementing the amendr		
provisi (if n	ons for implementing the amendr		
provisi (if n	ons for implementing the amendr		
provisi (if n	ons for implementing the amendr		
provisi (if n	ons for implementing the amendr		

(date of adoption is required) Effective date if applicable:	
. Effective date it applicable:	
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 by the shareholders was/were sufficient for approval.	for the amendment(s
The amendment(s) was/were approved by the shareholders through voting groups. 7 must be separately provided for each voting group entitled to vote separately on the	
"The number of votes cast for the amendment(s) was/were sufficient for approve	al
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder a action was not required.	ection and shareholde
The amendment(s) was/were adopted by the incorporators without shareholder action action was not required.	n and shareholder
Dated_06/24/2011	
Signature QA	
(By a director, president or other officer – if directors or offic selected, by an incorporator – if in the hands of a receiver, tru appointed fiduciary by that fiduciary)	
Osit algraman	
(Typed or printed name of person signing)	·
PRESIDENT AS OF 06/01/2011	
(Title of person signing)	