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C. LEWIS MAY 52014 **EXAMINER**

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CLASS A DOSIGN INC				
DOCUMENT NUMBER: PO 5000 129905				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Marilia Cola Name of Contact Person				
Firm/Company 1001 Ravello Blud Address				
FT WEFS FL 33904 Otty/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Andrea Cola at (39) 301-3076 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 Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

Articles of Amendment to

14 APR 25	PM 4:57
archerry)	Y OF STATE

, ,	Articles of Incorpor	ation	74 M /
•	of		ATTEST TARY OF STATES
Class A De	25ian In	_	TATALISSE PROMISE
(Name of Corporation as curr	ently filed with the Florida	Dept. of State)	
P0500	0129905		
(Document Nu	mber of Corporation (if knov	m)	····
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	, Florida Statutes, this <i>Floria</i>	a Profit Corporation ado	pts the following amendment(s) to
A. If amending name, enter the new name of	of the corporation:		
Victoria 5206	olies Inc		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co".		ated" or the abbreviation
B. Enter new principal office address, if ap	plicable:	_ N.I.A.	<u> </u>
(Principal office address MUST BE A STREE		I	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		NA	
D. If amending the registered agent and/or		Florida, enter the name	of the
new registered agent and/or the new reg	istered office address:		
Name of New Registered Agent	NA		
	,		
	(Florida street ada	iress)	
New Registered Office Address:		. Florida	
THE REGISTERED OFFICE TRAITESS.	(City)	, 1 1011044	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	agent. I am familiar with ar		of the position.
Signatu	re 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change		NIH	
Add			
Remove			
2) Change			*
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
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6) Change		_	
Add			
Remove			

	r adding addition nal sheets, if neces.			,			
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an amendn	ent provides for a	n exchange,	reclassificat	ion, or cance	llation of iss	ued shares,	
provisions fo	r implementing th	e amendme	nt if not con	ained in the	amendment i	itself:	
(if not ap	olicable, indicate N	VA , [
		NI	A				
		-, -,					
			· ·				



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•	14 APR 25 PM 4: 57	
The date of each amendment(s) adoption: _	14 HI II 2 2	, if other than the
date this document was signed.	SECRETARY UF DO ALL AND A TALL AHASSEE, M. COID A	
Effective date if applicable:	TALLAMASS	<u></u>
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) rapproval.	
	the shareholders through voting groups. The following statement ag group entitled to vote separately on the amendment(s):	
"The number of votes cast for the am	endment(s) was/were sufficient for approval	
by	"	
	oting group)	
action was not required.	e board of directors without shareholder action and shareholder e incorporators without shareholder action and shareholder	
selected, by an in	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court	
appointed fiducia	ry by that fiduciary)	
	Marilia Cola	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	