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TEATR 16 AND 00

APR 1 7 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Angel's In I	Disguise, Inc.	
DOCUMENT NUMI	BER: P0500013381	6	
	of Amendment and fee are su		
Please return all corre	spondence concerning this ma	tter to the following:	
	Joy Kellum		
		Name of Contact Person	1
	Angel's In Disguis	se, Inc	
		Firm/ Company	
	6919 W Broward	Blvd #280	
		Address	
	Plantation, FL 33	317	
		City/ State and Zip Cod	e
and	gelsindisguise1@d	comcast.net	
	•	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	·
Joy Kellum		954	448-2570
	of Contact Person	at (954 Area Co	de & Daytime Telephone Number
			•
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)
Ame Divi P.O.	ling Address Indment Section Ission of Corporations Box 6327 Inhassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment to **Articles of Incorporation**

· ·	Articles of Amendment	
	to Articles of Incorporation of	FILED
Angel's In Disguise, Inc.	•	12 APR 16 ALL
(Name of Corporation as curren	tly filed with the Florida Dept. of State)	TALLECRETARY AH TO: 00
P0 5 000133816	·	ALLAHASSEE STATE
(Document Numb	per of Corporation (if known)	URIOS

ent(s) to

	he corporation:	
Angels In Disguise, Inc.		The
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation "Goord "chartered," "professional association," of	Corp," "Inc," or "Co". A profession	
3. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	
) If any and discrete and a supplementary of a supp	gistered office address in Florida, en	ter the name of the
new registered agent and/or the new register	erea omice adaress:	
		<u></u>
new registered agent and/or the new registe		·
new registered agent and/or the new registe	(Florida street address)	, Florida
new registered agent and/or the new register Name of New Registered Agent		, Florida(Zip Code)
new registered agent and/or the new register Name of New Registered Agent	(Florida street address)	

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)

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: 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)	Title	<u>Name</u>		<u>Addres</u> s	
1) Change Add Remove		_			
2) Change Add Remove					
3) Change Add Remove	·				
4) Change Add Remove	 				
5) Change Add Remove			•		
6) Change Add Remove					

If amending or adding additional Artic attach additional sheets, if necessary).	(Be specific)	_	
			······································
			
If an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or adment if not contained i	cancellation of issued s in the amendment itself	hares,
		<u>, , , , , , , , , , , , , , , , , , , </u>	,

			<u> </u>

The date of each amendment(s) a	doption: 4-/2-/2
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/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	t for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 4/12/2	2012
Signature	Delle
	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court
	nted fiduciary by that fiduciary)
	Joy Kellum
	(Typed or printed name of person signing)
	President
	(Title of person signing)