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COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: APRICOT LOTTAGE DUD USA INC P06000006894 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company 7810 ORLANDO For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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TALLAGASSEE, FLORIDA

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	of	TASECRES PM 2
	APRICOT COTTAGE DVD USA	INCASCION CON
. –	(Name of Corporation as currently filed with the Florida Dept. of St	ite) OCE, FLOD, E
	P06 00000 6894	
	(Document Number of Corporation (if known)	

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 corpora	
APRICOT COTTAG	E INC The new
name must be distinguishable and contain the word "cabbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional asso	"Corp," "Inc," or "Co". A professional corporation
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>	
18	SAME AS BEFORE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS BEFORE
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Name of New Registered Agent:	
New Registered Office Address: (Fi	lorida street address)
	, Florida
(C)	, Florida ity) (Zip Code)
New Registered Agent's Signature, if changing Registered	d Agent:
I hereby accept the appointment as registered agent. I am fa	amiliar with and accept the obligations of the position.
Signature of N	lew 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)

Title	<u>Name</u>	Address	Type of Action
	- () 10		· — -
	NIA		П В
		NA	
<u>provisi</u>	mendment provides for an enions for implementing the am not applicable, indicate N/A)	schange, reclassification, or cancellated in the am	ation of issued shares, lendment itself:
		NA	

The date of each amendment(s) adoption: 27/10/4 2009 (07/27/0
Effective date if applicable: (date of adoption is required) 27 July 700-
(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)
(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 27/July 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)
TRACI FROST (Typed or printed name of person signing)
Title of person signing)