P06000045948

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SECRETARY OF STATE

N/C IB 6/19/09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	CHRISALEN CABINETS, INC.
DOCUMENT NUMBER:		P06000045948
The enclosed Artica	les of Amendment and fee	are submitted for filing.
Please return all co	rrespondence concerning	his matter to the following:
_		RENE BEDOYA
		Name of Contact Person
-		Firm/ Company
_	870	01 JOHNSON STREET
		Address
·	PEM	BROKE PINES, FL 33024
_		City/ State and Zip Code
	SANDRAM E-mail address: (to be to	TOBAR@HOTMAIL.COM used for future annual report notification)
For further informa	tion concerning this matte	er, please call:
	ENE BEDOYA of Contact Person	at (954) 682-9390 Area Code & Daytime Telephone Number
Enclosed is a check	ς for the following amoun	made payable to the Florida Department of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
P.O. Box 6	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

At ticles of Amendment	A.
to	~ ^>.
Articles of Incorporation	1000
of	Solu SA
Chrisalen Cobinets Inc	TALLASE TO PA
(Name of Corporation as currently filed with the Florida Dept. of State)	- 1745 Pr. 72.
P06000045948	- CERSTAIN
(Document Number of Corporation (if known)	RIDA

	the corporation:	
	TRANSPORT, INC.	The new
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc," or "Corp,"	Co". A professional corporation
B. Enter new principal office address, if app	licable:	
(Principal office address <u>MUST BE A STREE</u>		
		
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	CE BOX)	
D. If amending the registered agent and/or r		la, enter the name of the
new registered agent and/or the new regis	stered office address:	
Name of New Registered Agent:		 _
	(Florida street address)	· <u>······</u>
New Registered Office Address:		Plant da
New Registered Office Address:		
<u>New Registered Office Address</u> :	(City)	, Florida (Zip Code)

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Damova
"			
			
			Remove
T 16	N 13' 3 414' 1 44'-1		
	ding or adding additional Articles, additional sheets, if necessary). (Be		
	(De		
F. If an a	mendment provides for an exchang	e, reclassification, or cancel	lation of issued shares,
<u>provisi</u> (if)	ions for implementing the amendment applicable, indicate N/A)	ent if not contained in the ai	nenament asen:
(9)	nor apprication, mandate 11111)		

The date of each amendmen	t(s) adoption: <u>06/12/2009</u>
Effective date <u>if applicable</u> :	06/12/2009 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement of 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)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
	115 / 2009
	A director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	RENE BEDOYA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)