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SECRETARY OF STA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: F & R ACCESORI	ES INC		
DOCUMENT NUMBE		· · <u>· · · · · · · · · · · · · · · · · </u>		
The enclosed Articles of	Amendment and fee are sub	omitted for filing.		
Please return all correspo	ondence concerning this mat	ter to the following:		
E	STRELLA EMMANUEL D)		
		Name of Contact Person		
F & R ACCESORIES INC				
		Firm/ Company		
2	307 BOGGY CREEK RD P.			
	Address			
К	ISSIMMEE FL 34744			
		City/ State and Zip Code	;	
r	20			
Epaproi	@msn.com E-mail address: (to be us	16-6		
• '	E-mail address: (to be us	ed for future annual report	notification)	
For further information of	oncerning this matter, please	e call:		
Vielka Polanco		at (407	943-8990 le & Daytime Telephone Number	
Name of	Contact Person	Area Coo	le & Daytime Telephone Number	
Enclosed is a check for t	he following amount made p	payable to the Florida Depa	rtment 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E.	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

Articles of Amendment to Articles of Incorporation of

(Name o	f Corporation as currently	filed with the Florida Dept. of State)			
P06000079291					
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Ilorida Profit Corporation adopts the following	g amendment(s) to		
A. If amending name, enter the new na	me of the corporation:				
N/A			The new		
	ation "Corp," "Inc," or "C	" "company," or "incorporated" or the all o". A professional corporation name must o ?A."	bbreviation		
D. Enter new principal office address i	f applicable:	VIELKA POLANCO			
B. <u>Enter new principal office address, i</u> Principal office address <u>MUST BE A ST</u>		2649 GOLD DUST CIR			
		KISSIMMEE FL 34744			
C. Enter new mailing address, if appli- (Mailing address MAY BE A POST C		N/A			
			C 19		
D. If amending the registered agent an new registered agent and/or the new			24 12:50		
Name of New Registered Agent	VIELKA POLANCO		32 0		
Nume of New Registered Agent	2307 BOGGY CREEK RD	PMB #153			
	(Florida stre		-		
	KISSIMMEE	, Florida 34744			
New Registered Office Address:					

· 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)

Flease 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	EMMANUEL ESTRELLA	2307 BOGGY CREEK RD PMB #
Add X Remove			KISSIMMEE FL 34744
2) Change	VP	VIELKA POLANCO	2307 BOGGY CREEK RD PMB #
X Add			KISSIMMEE FL 34744
Remove			
3) Change			
Add			
Remove		,	
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

A	onal sheets, if necessary).	(Be specific)			
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lf an amendn	or implementing the amo	endment if not cont	ained in the amen	dment itself:	21
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The date of each amendment(s	, adoption:	, if other than the
date this document was signed.	0/00/0017	
Effective date <u>if applicable</u> :	2/09/2016	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmes sufficient for approval.	ent(s)
	approved by the shareholders through voting groups. The following state for each voting group entitled to vote separately on the amendment(s):	'ement
"The number of votes of	ast for the amendment(s) was/were sufficient for approval	
by	,,,	
*	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	older
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	r
12/09/2	016	
Dated	Truowel & Titues	
sele	a director, president or other officer – if directors or officers have not be cted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	ESTRELLA EMMANUEL D	
	(Typed or printed name of person signing)	
	VP	
	(Title of person signing)	