

PO7000079505

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5/24/16

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** LOUKAN INVESTIGATION, INC.

**DOCUMENT NUMBER:** P07000079505

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER J. SNYDER, ESQ.

Name of Contact Person

PETER J. SNYDER, P.A.

Firm/ Company

4700 NW BOCA RATON BLVD. #103

Address

BOCA RATON, FL 33431

City/ State and Zip Code

psnyder@lawinboca.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter J. Snyder

Name of Contact Person

at ( 561 )

367-1581

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

LOUKAN INVESTIGATION, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000079505

(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 corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

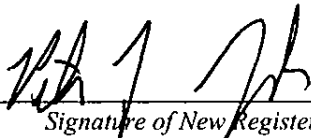
**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent PETER J. SNYDER, ESQ.  
4700 NW BOCA RATON BLVD. #103  
(Florida street address)  
New Registered Office Address: BOCA RATON, Florida 33431  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

  
Signature of New Registered Agent, if changing

*(Attach additional sheets, if necessary)*

*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.*

**Example:**

<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>
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Address

6) \_\_\_\_\_ Change \_\_\_\_\_  
 \_\_\_\_\_ Add \_\_\_\_\_  
 \_\_\_\_\_ Remove \_\_\_\_\_

[illegible]

N/A

5/19/2016

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date, if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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)

- ☐ 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.

5/16/2016  
Dated \_\_\_\_\_

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)

JIHAN OMAR HAIDAR, as personal representative of the Estate of Naji Chafic El-Kadi

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

IN THE CIRCUIT COURT FOR PALM BEACH  
COUNTY, FLORIDA PROBATE DIVISION

IN RE: ESTATE OF

NAJI CHAFIC EL-KADI

Deceased.

File No.:

502016CP002325XXXXSB

Division: IY

LETTERS OF ADMINISTRATION  
(single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, Naji Chafic El-Kadi, a resident of Palm Beach County, Florida, died on April 21, 2016, owning assets in the State of Florida, and

WHEREAS, Jihan Omar Haidar, Decedent's Spouse, has been appointed personal representative of the estate of the Decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned Circuit Judge, declare Jihan Omar Haidar duly qualified under the laws of the State of Florida to act as personal representative of the estate of Naji Chafic El-Kadi, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED on May 19, 2016.

STATE OF FLORIDA • PALM BEACH COUNTY

I hereby certify that the foregoing is a true copy as recorded in my office and the same is in full force and effect.

THIS 19 DAY OF May, 2016  
SHARON R. BOCK  
CLERK & COMPTROLLER

CIRCUIT COURT JUDGE

Copies Furnished to: DEPUTY CLERK

Peter J. Snyder, Esq., Peter J. Snyder, P.A., Attorney for Petitioner, 4700 NW Boca Raton Blvd., Suite 103, Boca Raton, FL 33431; [psnyder@lawinboca.com](mailto:psnyder@lawinboca.com); [eService@lawinboca.com](mailto:eService@lawinboca.com)

Estate must be closed 12 months from the date of order