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SECRETARY OF STATE

ADR-09

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

DOCUMENT NUMBER:	PO8000008323
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
	CHARERNSANONGKUL
N	Name of Contact Person
·	THAI HANA INC.
	Firm/ Company
6729 CC	LONNADE DR, STE 105
	Address
· · · · · · · · · · · · · · · · · · ·	BOURNE, FL 32940
į. C	lity/ State and Zip Code
Supakit E-mail address: (to be use	_ch@yahoo.com d for future annual report notification)
For further information concerning this matter,	please call:
SUPAKIT CHARERNSANONGKUL Name of Contact Person	at ( 321 ) 636-3363  Area Code & Daytime Telephone Number
·	nade payable to the Florida Department of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclose
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

FILED

THAI HANA INC.

2009 SEP 21 AM 11: 34

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

SECRETARY OF STAIR ALLAHASSEE, FLORID&

PO8000008323

(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:

		The ne
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered,"	the designation "Corp," "Inc," or "Co	". A professional corporation
B. Enter new principal office address, if	applicable:	
(Principal office address <u>MUST BE A STE</u>	REET ADDRESS )	
	-	
C. Enter new mailing address, if applica	blo	
(Mailing address MAY BE A POST OF		
·. , G		_
•		
•		
D. If amending the registered agent and/		enter the name of the
new registered agent and/or the new i	registered office address:	
Name of New Registered Agent:	MIGUEL MATA, CPA	
	681 NIGHTINGALE DR	
New Registered Office Address:	(Florida street address)	<del></del>
	INDIALANTIC	, Florida 32903
	(City)	(Zip Code)
		• •
New Registered Agent's Signature, if cha I hereby accept the appointment as registere		the abligations of the position
i nereby accept the appointment as registere	Salah	me oonganons of the position
·	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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
SD	KELLEY, SILSUPA	6729 COLONNADE AVE STE 105 MELBOURNE. FL 32940	
	lditional sheets, if necessary). (Be s		
<u>provisio</u>	nendment provides for an exchange, ns for implementing the amendmen of applicable, indicate N/A)		

•	ent(s) adoption: SEPTEMBER 15, 2009  (date of adoption is required)
Effective date if applicable	(no more than 90 days after amendment file date)
	) (CHECK ONE)
Adoption of Amendment(s	(CHECK ONE)
	were adopted by the shareholders. The number of votes cast for the amendment(s /were sufficient for approval.
	were approved by the shareholders through voting groups. The following stateme ided for each voting group entitled to vote separately on the amendment(s):
"The number of vot	es cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/vaction was not required.	were adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/vaction was not required.	were adopted by the incorporators without shareholder action and shareholder
.Dated	September 18, 2009  Assiman
Signature	derimans
, S	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)
	SUPAKIT CHARERNSANONGKUL
	(Typed or printed name of person signing)
	•
*	PRESIDENT