P08000055410

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JAN 20 2010

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF COR	PORATION:	TREASURE HEALTH CO	ORP
DOCUMENT N	UMBER:	P08000055410	
The enclosed Arti	cles of Amendment and fee	are submitted for filing.	
Please return all c	orrespondence concerning t	his matter to the following:	
		JOHN J MALERBA	
		Name of Contact Person	
JUN		MPING JAX TAX INC	
		Firm/ Company	
	1940 HARRISON ST STE 306		
Address			
		HOLLYWOOD	
		City/ State and Zip Code	
	jack@ E-mail address: (to be u	jumpingjaxtax.com sed for future annual report notification)	
For further inform	ation concerning this matter	r, please call:	
JO	HN J. MALERBA	at (954) 92	27-6988
Name	of Contact Person	Area Code & Daytime Tele	ephone Number
Enclosed is a chec	k for the following amount	made payable to the Florida Depart	ment 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	e

Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation**

of

TALLAHASSEE. FLORIOL TREASURE HEALTH CORP. (Name of Corporation as currently filed with the Florida Dept, of State) P08000055410 (Document Number of Corporation (if known)

owing

A. If amending name, enter the new name	of the corporation:	
	CK'S INVENTORIES, INC.	The n
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or tiname must contain the word "chartered," "page 15.	he designation "Corp," "Inc," o	r "Co". A professional corporat
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>		
C. Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFF		
(Mailing address <u>MAY BE A POST OF F</u>	registered office address in Flo	orida, enter the name of the
(Mailing address MAY BE A POST OFF D. If amending the registered agent and/or	registered office address in Flo	orida, enter the name of the
(Mailing address MAY BE A POST OFF D. If amending the registered agent and/or new registered agent and/or the new registered	registered office address in Flo	
(Mailing address MAY BE A POST OFF D. If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address in Flogistered 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ D
			
	iding or adding additional Articles and the desired sheets, if necessary).		
provisi	mendment provides for an excons for implementing the amount applicable, indicate N/A)	change, reclassification, or cancella endment if not contained in the amo	tion of issued shares, endment itself:
_			

The date of each amendment(s) adoption: 5 JANUARY 2010				
Effective date <u>if applicable</u> :	(date of adoption is required)			
(no more than 90 days after amendment file date)				
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.			
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):			
"The number of votes of	east for the amendment(s) was/were sufficient for approval			
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	(voting group)			
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder			
Signature(By	NUARY 2010 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)				
appointed fiduciary by that fiduciary)				
	JACK STEINFELD			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			