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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: \bigcirc	ANDOR ACS INC
DOCUMENT NUMBER: Pogo	000057844
The enclosed Articles of Amendment an	nd fee are submitted for filing.
Please return all correspondence concer	ning this matter to the following:
<u>Jen</u>	0 VARGA (Name of Contact Person)
MANDO	R ACS INC. (Firm/Company)
17 100 NB	(Address)
SUNNY ISLE	S BRACM, FL 33160 (City/ State and Zip Code)
For further information concerning this	matter, please call:
SEND VARGA (Name of Contact Person)	at (<u>561</u>) <u>951 9377</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following an	nount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of Stat	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



NANDOR ACS INC.	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P08000057844	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopt following amendment(s) to its Articles of Incorporation:	s the
A. If amending name, enter the new name of the corporation:	
EQUINOX INVEST INC.	
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) UNIT 1806	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Same a above	1
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:	
New Registered Office Address: (Florida street address)	
, Florida	
(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 position.	f the
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)

Type of Action **Title Address Name** JENO VARGA MGR N BAY RD. X Add □ Remove SUNNY Y ISLES BEACH ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption: April 1, 2009		
Effective date if applicable:	<u> </u>	
(no	more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statemen 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	ing group)	
(FOR	ng group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated <u>04</u> (01/09	
Signature(By a dir	rector, president or other officer—if directors or officers have not been by an incorporator—if in the hands of a receiver, trustee, or other court	
appointe	d fiduciary by that fiduciary)	
	Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
,	PSD	
t.	(Title of person signing)	