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SECRETARY OF STATE TALLAHASSEE, FLORID

Amenda

## COVER LETTE

TO: Amendment Section **Division of Corporations** American Sliding **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: American Slidu Mericun Sliders & Gmail Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$52.50 Filing Fee **□** \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Street Address

Mailing Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

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

## Articles of Amendment a to Articles of Incorporation of

(Maine of Corporation)	as carrettly filed with	the Piorian Dept. o	i Bilite)	•
P08000	0062951	* .		
(Docum	ent Number of Corpora	tion (if known)		_
Dumunant to the manufacture of continue	607 1006 Florido Ctot.	.too this Elouida Du	off Commonation	adanta tha fallau
Pursuant to the provisions of section ( amendment(s) to its Articles of Incorpo		ites, this <i>Fioriaa Pr</i> i	yn Corporation	adopts the follow
amendment(s) to its rifleies of meerpo	i di i d			-
A. If amending name, enter the new	name of the corporation	on:		
nlA	•	. •	•	The man
name must be distinguishable and c	ontain the word "car	noration " "compan	w " or "incorne	The new
abbreviation "Corp.," "Inc.," or Co.,	" or the designation "(	Corp." "Inc." or "Co	o". A profession	nal corporation
name must contain the word "chartered				•
	• . •	,		
B. Enter new principal office address				
(Principal office address <u>MUST BE A</u>	STREET ADDRESS )	7353 NI	54 ST,	Init-B.
-	•	,		
	•	Miami, F	1:33166	<del></del>
			•	
C. Enter new mailing address, if any	olicable:	1101 SW 1	SI AND	11 <i>0</i>
: (Mailing address MAY BE A POS)	<u>r office box</u> )		_ '	
		Pembroke	Hrw, F	133027.
	•			
	• • •			<del></del>
D. If amending the registered agent a			, enter the name	of the
new registered agent and/or the n	ew registered office ad	idress:		- S
Name of New Registered Agent	OA		· .	•
tume of their register ou ligeti	, , , , , , , , , , , , , , , , , , , ,		<del></del>	
ar var our			<u> </u>	
New Registered Office Address:	Flor	rida street address)	" ' <del>-</del> .	• •
			Florido	
	(City	<u>,                                     </u>	, Florida _(Zip Code)	
•	(City)	<i>.</i>	(Esp Cours)	
New Registered Agent's Signature, if			<u> </u>	•
I hereby accept the appointment as regi	stered agent. I am fan	niliar with and accept	t the obligations	of the position.
	Signature of No.	w Registered Agent, i	f changing	•
	. Signature of Nev	w weginieren ukein, il	្រការក្នុងកាន្ត	•

## 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) Address\_ **Type of Action** ☐ Add Remove 🖸 Add . ☐ 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, indicaté N/A)

The date of each amendment(s) ad	option: (date of adoption	n is required)			
Effective date <u>if applicable:</u>	(aate of aaopho	n is requirea)			
(no more than 90 days after amendment file date)					
Adoption of Amendment(s)	(CHECK ONE)		į		
The amendment(s) was/were ado by the shareholders was/were suf		number of votes	cast for the amendment		
The amendment(s) was/were app must be separately provided for a					
"The number of votes cast fo	or the amendment(s) was/were	sufficient for app	roval		
	ig group) .		1		
<ul><li>☐ The amendment(s) was/were ado action was not required.</li><li>☐ The amendment(s) was/were ado</li></ul>					
action was not required.			1		
Dated 07 02	2/10	44			
Signature		• - •			
	cion president or other officer by an incorporator – if in the h I fiduciary by that fiduciary)				
	Max A Arcu	idler e of person signing	g) ,		
	-President-		•		