## P.080000010222

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ration: All in C	ne Apparel	& Accessories, Inc
DOCUMENT NUM	BER: <u>P080007</u>	6222	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee are se	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Maria E	Sion Name of Contact Perso	
	All in One	0	cessories, Inc.
	<u>12053 SW</u>	131 Avenue	
	Miami Fl	orida 331	86
		City/ State and Zip Cod	
	E-mail address: (to be u	Bellsouth net	
	E-mail actiress: (to be u	sed for future annual report	t notification)
For further informatio	n concerning this matter, pleas	se call:	
	ertinez	at ( 305	370-8160
Name	of Contact Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment 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)
Ame Divi P.O.	ling Address Indment Section Is on of Corporations It is a section in the section	Ameno Divisio Clifton 2661 E	Address dment Section on of Corporations Building executive Center Circle assee, FL 32301

LAND SALES OF SALES O

## Articles of Amendment to Articles of Incorporation of

All in One Apparel & Accesso	ories Inc.
(Name of Cornoration as currently filed with the I	
P08000076222	
(Document Number of Corporation (	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered," "professional association," or the abbreviation	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	12053 SW 131 Avenue
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Mianu Florida 33186
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12053 SW 131 Avenue Miami Flori'da 33186
D. If amending the registered agent and/or registered office addinew registered agent and/or the new registered office address  Name of New Registered Agent Maria Easie	<u>r</u>
Name of New Registered Agent 12053 SW 131	
(Florida str	eet address)
New Registered Office Address: Manu (City)	, Florida <u>33186</u> (Zip Code)
New Registered Agent's Signature, if changing Registered Agents hereby accept the appointment as registered agent. I am familiar was signature of New Registered Agent.	with and accept the obligations of the position.
Signature of New Registered A	igeni, ij 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)

Please note the officer/director title by the first letter of the office title:

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.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change AddX Remove	<u>P</u>	Mirielis M De Castro	12251 SW 103 Terraco miami FL 33186
2) Change Add Remove	<u>P</u>	Maria EAsion	12053 SW 131 AVENUE Mianui R 33186
3 ) Change Add Remove	<del></del>		
4) Change Add Remove	<u> </u>	•	
5) Change Add Remove			
6) Change Add Remove			

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)	If amending or adding additional Articles, enter attach additional sheets, if necessary). (Be spe	r coange(s) nere: ecfiv)
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)		
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(if not applicable, indicate N/A)	If an amendment provides for an exchange, rec	elassification, or cancellation of issued shares,
	(if not applicable, indicate N/A)	1 not contained in the amendment itself:
	()	

The date of each amendment(s) adoption:	MAICON OI, 2010
Effective date if applicable:	
Estective direct in approapris.	(no more than 90 days after amendment file dute)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the amendment(s) for approval.
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):
	mendment(s) was/were sufficient for approval
by	,,
by	(voting group)
action was not required.	the board of directors without shareholder action and shareholder the incorporators without shareholder action and shareholder
Dated Mr	- g Easin
(By a director, p selected, by an	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court clary by that fiduciary)
<u>ir</u>	(Typed or printed name of person signing)
	President (Title of person signing)