P09000013333

. (Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE AREAHASSEE, FEORIDA

APR 27 PM 3:



April 16, 2009

ROBERTO GONZALEZ GONZALEZ CPA'S & ASSOCIATES PA 2199 PONCE DE LEON BLVD, STE 200 CORAL GABLES, FL 33134

SUBJECT: KRYGSMAN OPERATIONS CORP -

Ref. Number: P09000013333

We have received your document for KRYGSMAN OPERATIONS CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 609A00012829

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	Krygsma	n Oper	ations	Corp.
DOCUMENT NUMBER:	P090000133			
The enclosed Articles of Amendm	nent and fee are subm	nitted for filin	g.	
Please return all correspondence c	oncerning this matte	er to the follow	ving:	
R	oberto Gonza	tez		
	(Name of Conta	ct Person)		
Gionza	CPAS d (Firm/Com	Associate	5, P.A.	
	(Firm/ Com	pany)		
2199	Porice De	Leon B	lvd., St	e 200
	(Addres	s)		
Coral Ga	bles, FI	33134	-	
 	(City/ State and	Zip Code)		
For further information concerning	g this matter, please	call:		
Roberto Gionzala (Name of Contact Person	2 a	1(305	447-8	3886
(Name of Contact Person	n)	(Area Code	e & Daytime T	'elephone Number)
Enclosed is a check for the follow	ing amount made pa	yable to the F	lorida Depa	rtment of State:
\$35 Filing Fee \$43.75 Fili Certificate	_	\$43.75 Filing F Certified Copy (Additional copenclosed)		S52.50 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	A D C 20	treet Address mendment Se ivision of Cor lifton Buildin 661 Executive allahassee, FL	ection rporations g c Center Circ	cle

Articles of Amendment to Articles of Incorporation of

FILED

09 APR 27 PM 3: 17

SECRETARY OF STATE
ALBAHASSEE

Krygsman Opera	itions Corp.				
(Name of Corporation as currently filed with	th the Florida Dept. of S	tate)			
P09000013	P09000013333				
(Document Number of Corpo					
Pursuant to the provisions of section 607.1006, Florida Stafollowing amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corpora		it Corporation adopts the			
					
The new name must be distinguishable and contain "incorporated" or the abbreviation "Corp.," "Inc.," or ("Co". A professional corporation name must contassociation," or the abbreviation "P.A."	Co.," or the designation	"Corp," "Inc," or			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Rocky Point Drive East			
	Ste 200 Tampa, F	1 33607			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office and and/or		nter the name of the			
New Registered Office Address: (Fl	lorida street address)				
	(City)	, Florida (Zip Code)			
	(City)	(Zip Code)			
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I a position.		ept the obligations of 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add ☐ Remove
			☐ Remove
	mendment provides for an exchang		
	ions for implementing the amendment of applicable, indicate N/A)	ent if not contained in the ar	mendment itself:
			<u> </u>
		· · · · · · · · · · · · · · · · · · ·	

Th	ne date of each amendment(s) adoption: 2/11/09
Efi	fective date if applicable: 2/11/09
	fective date if applicable: 2/11/09 (no more than 90 days after amendment file date)
Ad	loption of Amendment(s) (CHECK ONE)
ď	The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
	The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for 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"
	by" (voting group)
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	Dated 4/24/09
	Signature (By 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)
	Jorraine Krygsman (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)