

## Florida Department of State

Division of Corporations Public Access System

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(((H090001858073)))



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To:

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Account Name : DEALER CONSULTING SERVICES, INC.

Account Number : I20010000121

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AMND/RESTATE/CORRECT OR O/D RESIGN

H. GREGORY 1, INC.

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## **COVER LETTER**

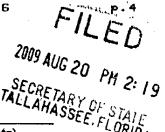
TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION:	H. GREGORY 1, INC.			
DOCUMENT NU	MBER:	P09000068414			
	eles of Amendment and fee a				
Please return all co	orrespondence concerning thi	s matter to the following:			
		Maria Barranco			
	· N	ame of Contact Person			
	Deale	r Consulting Services			
		Firm/ Company			
	7:	537 NW 7TH AVE			
		Address	<del></del>		
	1	MIAMI, FL 33150			
•		ity/ State and Zip Code			
	Info@	desmiami.com			
	E-mail address: (to be use	7 tot intile sturgs report notification)			
For further informa	ation concerning this matter,	please call:			
r	Maria Barranco	at ( 305 ) 75  Area Code & Daytime Tele	8-9001		
Name	of Contact Person	Area Code & Daytime Tele	phone Number		
Enclosed is a chec	k for the following amount n	nade payable to the Florida Departs	ment of State:		
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	<b>1</b>		

Tallahassee, FL 32301

3057580506

## Articles of Amendment to Articles of Incorporation of



H. GREGORY 1, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)	-L.FLORIDA
P09000068414	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation amendment(s) to its Articles of Incorporation:	adopts the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorpable abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professioname must contain the word "chartered," "professional association," or the abbreviation "P.A."	

	Enter new principal office address, if applicable: ncipal office address <u>MUST BE A STREET ADDRESS</u> )	·····					
	Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX)</u>						
_	D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:						
	Name of New Registered Agent:  New Registered Office Address: (Flor	rida street address)					
		, Florida					

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 the position.

(City)

Signature of New Registered Agent, if changing

(Zip Code)

(Attach add	nd title, name, and address of each O litional sheets, if necessary)		
Title	<u>Namo</u>	<u>Address</u>	Type of Action
Ď	Khalid I. Ikaychany	601 N. FEDERAL HIGHWAY HALLANDALE FL 33009	_ [] Add _ D Remove
<del></del>			_
			_
from GRE	dditional sheets, if necessary). (Be sp. 15 of the PRESIDENT, 16 of the PRESIDENT, 16 of the PRESIDENT, 16 of the PRESIDENT, 16 was entered INCORRECTLY"	rabedian	
		reclassification, or cancellation of is	

Aug	20	2009	12:29PM	HP	LASERJET	FAX	30575 <b>80506</b>	<b>p.</b> 6
7	Che da	ate of ea	ich amendmen	t(s) :	adoption: 08	/20/2009		
			<u>if applicable</u> :			(date of a	doption is required)	
	į			(m	o more than 9	0 days after	amendment file date)	
,	\dopt	ion of A	mendment(s)		( <u>CH</u>	ECK ONE		
[			ment(s) was/weholders was/w				s. The number of votes cast for the amendment(s	3)
[							rs through voting groups. The following stateme ed to vote separately on the amendment(s):	nt
		"The n	umber of votes	caet	for the amend	lment(s) wa	s/were sufficient for approval	
		by		<u> </u>	ting group)		. 17	
				110	ing group)			
			ment(s) was/we not required.	ere ac	dopted by the	board of dir	ectors without shareholder action and shareholde	: <b>r</b>
			ment(s) was/wo not required.	ere ad	dopted by the	incorporato	s without shareholder action and shareholder	
			Dated_08/2	20/2	009	<u> </u>		
			Signature _					
			(B <sub>1</sub>	y a di	irector, <del>pre</del> side	ent or other	officer of directors or officers have not been	
							the hands of a receiver, trustee, or other court	
			арі	ooint	ed fiduciary b	y that fiduci	ary)	
						Kriko	r Hairabedian	
					(Тур	ed or printe	d name of person signing)	

President

(Title of person signing)