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SECRETARY OF STATE TALLAHASSEE, FLORID

Amend (10/28/09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION:	SEA OF GL	ASS AND MIRRO	RS CORP
DOCUMENT NU	JMBER:		P09000075779	1
The enclosed Artic	cles of Amendment	and fee are submitt	ed for filing.	
Please return all co	orrespondence conc	erning this matter to	o the following:	
		NELLY E MA		
		Name of Con	tact Person	
	SEA	A OF GLASS AND	MIRRORS CORP	
		Firm/ Co	mpany	
		1760 NE	169 ST	
		Addr	ess	
		FL 33	i162	
		City/ State an		
	INFO@ E-mail address	DSEAOFGLASSN : (to be used for future	MIRRORS.COM annual report notification)	
For further inform	ation concerning thi	is matter, please cal	1:	
NELI	Y E. MARADIAG	A at (_	954) 8	326-5069
Name	of Contact Person		Area Code & Daytime Te	elephone Number
Enclosed is a chec	k for the following	amount made payal	ole to the Florida Depa	rtment of State:
☑ \$35 Filing Fee	\$43.75 Filing For Certificate of S	tatus Co	3.75 Filing Fee & ortified Copy dditional copy is enclosed)	□ \$52.50 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		Ame Divis Clift 2661	et Address indment Section sion of Corporations on Building Executive Center Circ chassee, FL 32301	ele

Articles of Amendment Articles of Incorporation

SEA OF GLASS AND MIRRORS CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000075779

(Document Number of Corporation (if known)

	f the corporation:	The no
me must be distinguishable and contain in breviation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "pro	designation "Corp," "Inc	"company," or "incorporated" or t.," or "Co". A professional corporation
Enter new principal office address, if app		
rincipal office address <u>MUST BE A STREE</u>	<u>.I ADDRESS</u>)	
Enter new mailing address, if applicables		
(Mailing address MAY BE A POST OFFICE		
If amonding the registered agent and/or r		Florida, enter the name of the
	stared office address:	
new registered agent and/or the new regis	stered office address:	
	stered office address:	
new registered agent and/or the new regis	stered office address: (Florida street a	ddress)
new registered agent and/or the new registered Agent:		·
<u>Name of New Registered Agent:</u>		ddress) , Florida (Zip Code)

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
<u>VP</u>	ANTHONY N. MARADIAGA	1760 NE 169 ST NORTH MIAMI BEACH FL 33162	☐ Add ☑ Remove
			
			
	dditional sheets, if necessary). (Be spec		
provisi	mendment provides for an exchange, reons for implementing the amendment if not applicable, indicate N/A)		

The date of each amendment	i(s) adoption: 10/21/2009
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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	,,,
<u></u>	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated_10/2	1/2009
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	NELLY E MARADIAGA
	(Typed or printed name of person signing)
	PRESIDENT PRESIDENT
	(Title of person signing)