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FEB 0 5 2014 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corpo					
NAME OF CORPOR	ATION: COHOO!	MINIUMS	LITERMATIONAL,		
DOCUMENT NUMB	er: <u>7090000</u>	<u> </u>			
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.			
Please return all corresp	condence concerning this ma	tter to the following:			
_	DAUID	Caro			
\bigcap	- 10- 11- 11- 11- 11- 11- 11- 11- 11- 11	Name of Contact Person	HATTOHAL Lic		
	MONHIMODRA	Firm/ Company	PHILIDAY 3 AC		
	P.O DOX	1495			
_		Address			
	()emoup	Beach	FL 32175		
_		City/ State and Zip Cod			
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
DAVED	G240	at (386	265.4721		
Name of	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	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)	□\$\$2.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street Address			
Amendment Section		Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
	nassee, FL 32314		Executive Center Circle		

Tallahassee, FL 32301

	Articles of Amendment	:FILED
	to Articles of Incorporation	SECRETARY OF STATE TALL AND STATE THORID.
\sim	of	TALLY, TO TEE LOND
COLDO MIHIUMS	1 AMOTAMATIONAL	
	filed with the Florida Dept. of State))
Po 90000 89525		•
	of Corporation (if known)	
	, ,	
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	la Statutes, this Florida Profit Corpor	ration adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:	
		The new
name must be distinguishable and contain the wo	rd "corporation," "company," or "	'incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the		corporation name must contain the
word enacted, projessional association, or the		مد ۸ د د د د د
B. Enter new principal office address, if applicable	E: 300 N.	Seatoview Ave
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)	
	DAYTONE	BEACH, FL
C. Enter new mailing address, if applicable:		32118
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
D. If amending the registered agent and/or registe	ered office address in Florida, enter	the name of the
new registered agent and/or the new registered		the hame of the
Manus of New Protesting I Age of		
Name of New Registered Agent		
	(Flacida street add)	
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
V P 14 14 19 19 19 19 19 19 19 19 19 19 19 19 19		
New Registered Agent's Signature, if changing Re- hereby accept the appointment as registered agent.	<u>ustered Agent:</u> I am familiar with and accept the obl	ligations of the position
		.O A L

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)

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 <math>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.

X Change	PT John Doe		
X Remove	V Mike Jones		
_X Add	SV Sally Smith		
Type of Action (Check One)	<u>Title</u> <u>Name</u>		<u>Addres</u> s
1) Change	PSD GAIL	Mters	386 South ATLANTIC AU
Add			ORMOND BRACH, FL
Remove			32176
2) Change	P DANT	0 GA20	7.0 Box 1495
Add			Demond BEACH, FL
Remove			32175
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding a Attach additional sheets,	if necessary).	(Be specifi	ic)			
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f an amendment provid provisions for impleme	es for an exc	hange, reclas	sification, or	caucellation o	f issued share ent itself:	<u>s,</u>
(if not applicable, in	dicate N/A)	sidentiff if it	7 COMMINGUE	- to among		
	4	10				· · · · · ·
		<u>,</u>				
<u></u>						

The date of each amendment(s) and date this document was signed.	adoption: 1-2019	, if other than the
_	Immediately	
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/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	1-27-7014	
Signature	Gail & Myero	
(By a sel e ct	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	PresidenT	
	(Title of person signing)	