## P09000103496

| (Re                     | questor's Name)                       |           |
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|                         |                                       |           |
| (Cit                    | y/State/Zip/Phone                     | e #)      |
| PICK-UP                 | ☐ WAIT                                | MAIL      |
|                         |                                       |           |
| (Bu                     | siness Entity Nan                     | ne)       |
|                         | · · · · · · · · · · · · · · · · · · · |           |
| (Do                     | cument Number)                        |           |
| Certified Copies        | _ Certificates                        | of Status |
|                         | · · · · · · · · · · · · · · · · · · · |           |
| Special Instructions to | Filing Officer:                       |           |
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Office Use Only



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SECRETARY OF STATE
ON AN ASSETE FLANT

Mare Change is Amend.



JUN 1 1 2010



June 3, 2010

JASON SARJI 3000 N. FEDERAL HWY. FT. LAUDERDALE, FL 33306

SUBJECT: INSTRUMENTS OF PLEASURE, INC.

Ref. Number: P09000103496

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

The current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent must sign accepting the designation.

The document must also contain the address of the registered agent which must be at a Florida street address.

PLEASE LIST THE TITLE FOR NEW OFFICER/DIRECTOR BEING ADDED.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

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) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 710A00013868



## **COVER LETTER**

TO: Amendment Section

| Division of Corporations                                   |   |   |
|--|---|---|
| NAME OF CORPORATION: hstruw                                | ients of Pleasur  | re  |
| DOCUMENT NUMBER: PO90001                                   | 03496   | ·<br>   |
| The enclosed Articles of Amendment and fee are sub         | omitted for filing.   |   |
| Please return all correspondence concerning this mat       | ter to the following:   |   |
| Jason  | San   |   |
| Name of  | Contact Person  |   |
|  |   |   |
| Fire   | n/ Company  |   |
| _3000 N Feder  | al HWY<br>Address   |   |
| FF. Laud, F  | L 33306   |   |
|  |   | <del></del>   |
| \$ info c  | cl cap. Cou   |   |
| E-mail address: (to be used for fu                         | iture annual report notification)   | <del></del>   |
| For further information concerning this matter, pleas      | e call:   |   |
| Jason Sarji  | 31 (954) 816-89   | 920   |
| Name of Contact Person                                     | Area Code & Daytime Telephone   | Number  |
| Enclosed is a check for the following amount made p        | ayable to the Florida Department  | of State:   |
| \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status | Certified Copy (Additional copy is enclosed)  | 2.50 Filing Fee ertificate of Status ertified Copy additional Copy is enclosed) |
| Amendment Section Division of Corporations P.O. Box 6327   | Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle |   |

Tallahassee, FL 32301

| Articles of Anticles of Anticles of Inconstruction  Of  (Name of Corporation as currently filed with the Pogoo 16349)  (Document Number of Corporation)  | orporation  Pleasure, Increase the Florida Dept. of State)  |
|--|---|
| Pursuant to the provisions of section 607.1006, Florida Statutamendment(s) to its Articles of Incorporation:   | es, this Florida Profit Corporation adopts the following  |
| A. If amending name, enter the new name of the corporation  World's of Good In Coname must be distinguishable and contain the word "corporable abbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional association and the word "chartered," "professional association to the word "chartered," "professional association and the word "chartered," "professional association to the word "chartered," "professional a | The new oration," "company," or "incorporated" or the orp," "Inc," or "Co". A professional corporation ation," or the abbreviation "P.A." |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | 3000 N Federal Hwy 7<br>Ft. Laud, Fz 33306  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | 3000 N Federal Huy #7<br>F7. Lawd, FL 33306   |
| 3000   |   |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am family  | (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>     | Name                                    | <u>Address</u>                              | Type of Action |
|------------------|---|---|----------------|
| r <u>esident</u> | Jason Sarsı                             | 300 N Ficherthyt                            | Add Remove     |
| <u> </u>         | Samantra Sarji                          | 3000 N Federal Hu<br>For Landerdayfi<br>333 | Add Remove     |
|                  |   | ,   | _              |
|                  |   |   |                |
|                  | g or adding additional Articles, enter  |   |                |
|                  | itional sheets, if necessary). (Be spec |   |                |
|                  |   |   |                |
|                  |   |   |                |
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| ···              |   |   |                |
|                  |   |   |                |
| F Ifan amei      | ndment provides for an exchange, rec    | classification or cancellation of i         | senad sharas   |
| provisions       | for implementing the amendment if       | not contained in the amendmen               | t itself:      |
| (if not          | applicable, indicate N/A)               |   |                |
|                  |   |   |                |
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|                  |   |   |                |
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| The date of each amendment(s) adoption: \( \begin{align*} \ |
|---|
| (date of adoption is required)  |
| Effective date if applicable: (no more than 90 days after amendment file date)  |
|   |
| Adoption of Amendment(s) (CHECK ONE)  |
| 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 statement 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"   |
| 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 5/26/2019   |
| 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)   |
| (Typed or printed name of person signing)   |
| Title of person signing)  |