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To:

Division of Corporations

Fax Number : (850)617-6380

Commerciant and the desire of returns where the party of the Spectral Spectral Spectra of the commerciant desire

From:

Account Name : FILINGS, INC. Account Number : 072720000101 Phone (850)385 6735 Fax Number : (954)641-4192

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN ALIKAN, INC.

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## Articles of Amendment

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	Articles of Incorporation	Da An	ر ۱۲۵۶ از ۱۲۵۶
_	of		0
Alikan,	Inc.	Dent of Status	196
and the second s	arrently filed with the Morid	a Dept. of State)	5 S. C.
P100000	32068		
(Document )	Number of Corporation (if kno	wn)	7.79
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation		Ilorida Profit Corporation adop	ts the following
A. Hamending name, enter the new name	e of the corporation:		
			The new
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "  B. Enter new principal office address, if a (Principal office address MUST BE A STR	the designation "Corp," "Inc professional association," or applicable: VEET ADDRESS)	r," or "Co". A professional co	rporation
D. If amending the registered agent and/o new registered agent and/or the new r		n Florida, enter the name of th	<u>e</u>
Name of New Registered Agent:			
New Registered Office Address:	(Florida street d	oddress)	•
,		, Floride	
	(City)	(Zip Code)	<del></del>
New Registered Agent's Signature, if char I hereby accept the appointment as registere -	ed agent. I am familiar with a		position.
	Signature of New Registered	l Agent, if changing	

Page 1 of 3

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## 1110000187423

If amending the Officers and/or Directors, enter the title and name of each officer/director being semoved and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Tîtle</u>	<u>Name</u>	Address	Type of Action
VP_	Adam Ogden	2893 Exec. Pork Dr Suck 202 Weston FL 3333)	Add Remove
			Add Remove
<del></del>			Add Remove
E. If ame (attach	ending or adding additional Articles, ent additional sheets, if necessary). (Be spe	er change(s) here: cific)	
provi	amendment provides for an exchange, resident for implementing the amendment foot applicable, indicate N/A)	eclassification, or cancellation of is if not contained in the amendment	nued shares. itself:
<u></u>			

H10000187423	
The date of each amendment(s) ad	option: Avg. 4 20, 2010 (date of adoption is required)
	Avait 2m, 2010
Effective date if applicable: (no )	nore than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were sui	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	ng group)
(voti	ng group)
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 8/2	0/10 K 18/10
Signature	5 RTn
(Ay a din selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court of fiduciary by that fiduciary)
	Osvaldo F Torres (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Tricor person signing)
	(Title of person signing)