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



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

SEP 2 9 2014 T. CARTER



COVER LETTER

TO: Amendment Section

| Division of Corporations | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| NAME OF CORPORATION: HANDRAS | INC. |
| DOCUMENT NUMBER: P100000 5786 | 9 |
| The enclosed Articles of Amendment and fee are submitted for the enclosed Articles of Amendment and fee are submitted for the enclosed Articles of Amendment and fee are submitted for the enclosed Articles of Amendment and fee are submitted for the enclosed Articles of Amendment and fee are submitted for the enclosed Articles of Amendment and fee are submitted for the enclosed Articles of Amendment and fee are submitted for the enclosed Articles of Amendment and fee are submitted for the enclosed Articles of Amendment and fee are submitted for the enclosed Articles of Amendment and fee are submitted for the enclosed Articles of Amendment and fee are submitted for the enclosed Articles of Amendment and fee are submitted for the enclosed Articles of Amendment and Amend | ïlling. |
| | - |
| Please return all correspondence concerning this matter to the fo | Howing: |
| LEONIDES L. | HANDRAS |
| HANDRAS, INC. | Contact Person |
| Firm | / Company |
| 1822 ANDROMEDA | ANIF |
| 10 FF 1110 1110 1110 111 | Address |
| WESTERN FLOORA | 33305 |
| WESTON, FLORIDA City/Sta | te and Zip Code |
| L HANDRAS (AT) BELL SOUT E-mail address: (to be used for future | H, NEI e annual report notification) |
| For further information concerning this matter, please call: | |
| LEONIDES L. HANDRAS | at (561) 866 - 0163 |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the | ne Florida Department of State: |
| | · |
| Certificate of Status Certifie | nal copy is Certified Copy |
| Mailing Address | Street Address |
| Amendment Section | Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

| Afficies of the | icorporation Fil Co. |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 11 | SECRETARY OF STATE TALLAHASSEE. FLORID. |
| HANDRAS, INC. | MELAHAS SEE. FLORID, |
| (Name of Corporation as currently filed with the | Florida Dept. of State) 14 SEP 18 PM 12: 42 |
| P100000 57 869 | |
| (Document Number of Corporation | (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation: | s Florida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the corporation: | N/A |
| name must be distinguishable and contain the word "corporati | ion " "company " or "incorporated" or the abbreviation |
| "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or | "Co". A professional corporation name must contain the |
| word "chartered," "professional Association," or the abbreviation | <u> </u> |
| B. Enter new principal office address, if applicable: | HANDRAS, INC. |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | • |
| (SAME) | 1822 ANDROMEDA LANE |
| | WESTON, FL 38327 |
| O Fatan and an Ulan address if an Ulaskia. | , |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | HANDRAS, INC |
| (SAME) | 1822 ANDROMEDA LANE |
| | |
| | WESTON, FL 33327 |
| D. If amonding the registered agent and/as registered office ad | dress in Florida anter the name of the |
| D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address | |
| 10 | |
| Name of New Registered Agent LEONIDES | . HANDRAS |
| (SAME) 1821 ANDROM | LEDA LANE WESTON FL 33329 street address) |
| New Registered Office Address: WESTON | , Florida 3332> |
| Cane (Cit | y) (Zip Code) |
| (34110) | |
| | |
| New Registered Agent's Signature, if changing Registered Agen | |
| I hereby accent the appointment as registered agent. I am familia. | r with and accent the obligations of the position. |

Signature of New Registered Agent, it changing LEONIDES L. HANDRAS, PRESIDENT

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 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 Jo | ohn Doe | | |
|----------------------------|--------------------|-------------|----------------|------------------|
| X Remove | <u>v</u> <u>w</u> | 1ike Jones | | |
| X Add | <u>SV</u> <u>S</u> | ally Smith | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | | <u>Addres</u> s |
| 1) Change | <u>V</u> | BELKIS | OLSON- HANDAAS | WESTON, FL 33327 |
| Add | | | | WESTON, FL 33327 |
| Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | <u> </u> | | |
| Add | | | | |
| Remove | | | | |

| | | additional Art s, if necessary). | (Be speci | fic) | 15, d | n I U | |
|--------------|-------------|-------------------------------------|--------------|-----------------|-----------------|-----------------|-----------|
| BEL | | LSON-HA | | | , | | v.P. |
| ALL | SS SHAR | les of B | ELKIS | orson | HANDRA | s Hau | E BEE |
| TRAN | sfered | 10 | LE | NIOES | L. HAM | DRAS | 1148. |
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| If an ame | ndment prov | vides for an exc | hange, recla | ussification, o | or cancellation | of issued share | <u>s,</u> |
| | | nenting the am indicate N/A) | enament n | iot containet | a in the anieng | mem nsen. | |
| 000 | · | 11 | . 4 . 5 | 11. | 7 | 0 | of |
| | | SON - HAN | | • | | d ALL | O1. |
| HEIL | SHARES | (30) | 10 KE | ONIDEZ | <u> </u> | NORAS | |
| Note | THE | Tolal | 100 SHARE | c oF | THE (| dalbaa) 100 | o are |
| Nom 1-91c | OWNE | N | | | L. HANG | | - 11.00 |
| 100W | | | | | | | |

| The date of each amendment(s) ado | otion: SEPIEMBE | L 15. | 2014 | , if other t | han the |
|--------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------|-----------------|---------------|---------|
| date this document was signed. | | J | | , o | |
| Effective date if applicable: | SEPTEMBELL (no more than 90 | 15, 20 | 14 | | |
| | (no more than 90 | days after ameno | lment file dat | 9) | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | | | |
| The amendment(s) was/were adopt by the shareholders was/were suffi | | number of votes ca | ast for the am | endment(s) | |
| The amendment(s) was/were appromust be separately provided for ea | | | | | |
| "The number of votes cast fo | r the amendment(s) was/were | sufficient for app | roval | | |
| by | (voting group) | | 17 | | |
| | (voting group) | | | | |
| The amendment(s) was/were adopt action was not required. | ed by the board of directors v | vithout shareholde | er action and | shareholder | |
| The amendment(s) was/were adopt action was not required. | ed by the incorporators witho | ut shareholder act | tion and share | cholder | |
| Dated SEPTE | MBER 15, 201 | 4 | Selfis (| Sentland of | |
| Signature | PRESIDENT | (ANO) B | ELKIS D | LSON- HANDRAS | |
| (B y a dire | ctor, president or other office | r - if directors or | officers have | not been | |
| | by an incorporator – if in the fiduciary by that fiduciary) | hands of a receive | er, trustee, or | other court | |
| 7 | EDNIDES L. HANDRAS | (And) | BELKIS | OWON-HAMORAS | |
| | (Typed or pr | inted name of pers | son signing) | | |
| _ | PAESIDENT (| <u> </u> | | PRESIDENI | |
| | (Title | e of person signin | g) | | |