## P10000087342

| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT . MAIL                     |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|                                         |
|                                         |
|                                         |



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12/06/10--01020--003 \*\*52.50



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#00789,04076,00707,001271

)707,001e71

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

| •                                                                        |                                                                            |                                                                                         |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| NAME OF CORPORATION:                                                     | PAK BROTHERS INC.                                                          | <del></del>                                                                             |
| document number: Pioso                                                   | 0087342                                                                    |                                                                                         |
| The enclosed Articles of Amendment ar                                    | d fee are submitted for filing.                                            |                                                                                         |
| Please return all correspondence concern                                 | ing this matter to the following:                                          |                                                                                         |
| ALI                                                                      | J SyeD  Name of Contact Person                                             |                                                                                         |
| PAK BR                                                                   | OTHERS INC.                                                                |                                                                                         |
| 1109 - MA                                                                | Firm/Company  ABAR ROAD NE.                                                |                                                                                         |
| <del></del>                                                              | Address                                                                    |                                                                                         |
| PALM BA                                                                  | Y FL 32907 City/ State and Zip Code                                        |                                                                                         |
| ZAWWAS<br>E-mail address: (i                                             | o be used for future annual report notification)                           | ·                                                                                       |
| For further information concerning this                                  | matter, please call:                                                       |                                                                                         |
| ALI J SYED  Name of Contact Person                                       | at ( <u>770</u> ) <u>265-3</u><br>Area Code & Daytime Tele                 |                                                                                         |
| Enclosed is a check for the following an                                 | nount made payable to the Florida Depart                                   | ment of State:                                                                          |
| □ \$35 Filing Fee □ \$43.75 Filing Fee Certificate of Stat               |                                                                            | □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address 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



RECEIVED 10 DEC 15 AM 9:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 8, 2010

Ali J. Syed Pak Brothers Inc. 1109 Malabar Rd. Palm Bay, FL 32907

SUBJECT: PAK BROTHERS INC. Ref. Number: P10000087342

We have received your document for PAK BROTHERS INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 410A00028432

## Articles of Amendment to Articles of Incorporation of

FILED

| PAK R                                                                                 | SROTHERS                | INC.                                    | 2010 DEC 15          | AM 11: 37   |
|---------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|----------------------|-------------|
| (Name of Corporation as                                                               | currently filed with th | <u>ie Florida Dept. of Stat</u>         |                      | OF STATE    |
| Diamon                                                                                | 087342                  |                                         | TALLAHASSE           | E, FLORIDA  |
|                                                                                       | Number of Corporation   | on (if known)                           |                      |             |
| (Bouline)                                                                             |                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                      |             |
| ursuant to the provisions of section 607 mendment(s) to its Articles of Incorporation |                         | s, this <i>Florida Profit C</i>         | orporation adopts    | the followi |
| . If amending name, enter the new na                                                  |                         | :                                       |                      |             |
| . If amending name, enter the new nat                                                 | me of the corporation   | <u>.</u>                                | ,                    | The new     |
| ame must be distinguishable and con                                                   | tain the word "corne    | pration " "company " c                  |                      |             |
| bbreviation "Corp.," "Inc.," or Co.," o                                               | or the designation "Co  | rp," "Inc," or "Co". A                  | professional cor     |             |
| ame must contain the word "chartered,"                                                | projessional associal   | tion," or the abbreviatio               | on P.A.              |             |
| . Enter new principal office address, i                                               | f applicable:           |                                         | ,,                   |             |
| Principal office address <u>MUST BE A ST</u>                                          | REET ADDRESS )          |                                         |                      |             |
|                                                                                       |                         |                                         |                      |             |
|                                                                                       |                         |                                         |                      |             |
|                                                                                       |                         |                                         |                      |             |
| . Enter new mailing address, if applic                                                |                         |                                         |                      |             |
| (Mailing address <u>MAY BE A POST C</u>                                               | <u>)FFICE BOX</u> )     |                                         |                      |             |
|                                                                                       |                         |                                         |                      |             |
|                                                                                       | •                       |                                         |                      |             |
| •                                                                                     |                         |                                         |                      |             |
| . If amending the registered agent and                                                |                         |                                         | r the name of the    | 2           |
| new registered agent and/or the new                                                   | registered office add   | ress:                                   |                      |             |
| Name of New Registered Agent:                                                         |                         |                                         |                      |             |
|                                                                                       | ****                    |                                         | _                    |             |
| No. Parietanad Office Address                                                         | (Floria                 | da street address)                      | -                    |             |
| New Registered Office Address:                                                        | {Tioric                 | u sireer aaaress)                       |                      |             |
|                                                                                       |                         |                                         | _, Florida           |             |
|                                                                                       | (City)                  | (Zip                                    | Code)                |             |
|                                                                                       |                         |                                         |                      |             |
| ew Registered Agent's Signature, if ch<br>hereby accept the appointment as registe    |                         |                                         | ahlivations of the r | osition     |
| rereby accept the appointment as registe                                              | лен идет 1 ит јити      | iai min ana accepi me c                 | onganons of me p     | ommon.      |
|                                                                                       |                         |                                         |                      |             |
|                                                                                       | Signature of New 1      | Registered Agent, if char               | iging                |             |

## 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>                                                                        | <u>Address</u>                         | Type of Action             |
|---------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------|
| PRESIDENT ALI J SYED                                                                              | Palm Bang FL                           | LONE Add<br>32907 □ Remove |
| VP CHANGAZ MIRZA                                                                                  | 1109 - Malabay<br>Palm Bay<br>FL.32907 | Add Remove                 |
|                                                                                                   |                                        |                            |
| E. If amending or adding additional Articles, en (attach additional sheets, if necessary). (Be sp |                                        |                            |
|                                                                                                   |                                        |                            |
|                                                                                                   |                                        |                            |
|                                                                                                   |                                        |                            |
|                                                                                                   |                                        |                            |
|                                                                                                   |                                        |                            |
|                                                                                                   |                                        | <u> </u>                   |
| F. If an amendment provides for an exchange,                                                      |                                        |                            |
| provisions for implementing the amendment (if not applicable, indicate N/A)                       | it not contained in the amen           | ament usen:                |
|                                                                                                   |                                        |                            |
|                                                                                                   |                                        |                            |
|                                                                                                   |                                        |                            |
|                                                                                                   |                                        |                            |
|                                                                                                   |                                        |                            |

| The date of each amendment(s) ad                               | loption: 10-25-10                                                                                                                            |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                | (date of adoption is required)                                                                                                               |
| Effective date <u>if applicable</u> :                          | 10 - 25 - 10<br>more than 90 days after amendment file date)                                                                                 |
| (no r                                                          | 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 suf | opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.                                              |
|                                                                | 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 for                                  | or the amendment(s) was/were sufficient for approval                                                                                         |
| by                                                             | ,,,                                                                                                                                          |
| (votii                                                         | ng group)                                                                                                                                    |
| The amendment(s) was/were add action was not required.         | opted by the incorporators without shareholder action and shareholder                                                                        |
| Dated                                                          |                                                                                                                                              |
|                                                                | 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 d fiduciary by that fiduciary)                                   |
|                                                                | ALI J SYED                                                                                                                                   |
|                                                                | (Typed or printed name of person signing)                                                                                                    |
| <del></del>                                                    | (Title of person signing)                                                                                                                    |