P10000090219

| (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: | | |
| opedar mandendra to rining officer. | | |
| | ŀ | |
| | | |
| | | |
| | - 1 | |
| | 1 | |
| | | |
| | | |





300187732643

11/29/10--01050--017 **52.50



America Thereis 12-3-10

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPORATION: (SOWN BOYAL INVESTMENTS INC. | | | | | | |
|---|--|--|--|--|--|--|
| DOCUMENT NUMBER: PIØØØØØ90219 | | | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| Name of Contact Person | | | | | | |
| Crown Boyal mestments w. | | | | | | |
| A701D SW 58 monor Address | | | | | | |
| Donia FL 33312. City/ State and Zip Code | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| Name of Contact Person at (646) 235-2829 Area Code & Daytime Telephone Number | | | | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | | | |
| \$35 Filing Fee \$\ Certificate of Status \$\ Cer | | | | | | |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building | | | | | | |

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

₹2 € 5 €

| | of | | |
|--|-----------------------------|---|--------|
| Crown Ro | VAL INVEST | monts inc | |
| (Name of Corporation as curren | ntly filed with the Florid | ia Dept, of State) | |
| | Ø90214 | | |
| (Document Numb | ber of Corporation (if kno | own) | |
| Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation: | , Florida Statutes, this Fi | Florida Profit Corporation adopts the follo | owing |
| A. If amending name, enter the new name of | the corporation: | | |
| | | The new | |
| name must be distinguishable and contain th abbreviation "Corp.," "Inc.," or Co.," or the a name must contain the word "chartered," "profe | designation "Corp," "Inc | c," or "Co". A professional corporation | |
| B. Enter new principal office address, if appli | | | |
| Principal office address <u>MUST BE A STREET</u> | CADDRESS) | | |
| | | 700 3 | |
| | | | |
| C. Enter new mailing address, if applicable: | | | |
| (Mailing address <u>MAY BE A POST OFFIC</u> | <u>E BOX</u>) | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |) } |
| | <u> </u> | Ton = | |
| | | <u> </u> | |
| O. If amending the registered agent and/or re | gistered office address in | n Florida, enter the name of the | |
| new registered agent and/or the new regist | ered office address: | | |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | (Florida street a | address) | |
| . | | , Florida | |
| <u>.</u> | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing | Registered Agent: | | |
| hereby accept the appointment as registered age | ent. I am familiar with a | and accept the obligations of the position. | |
| · | | | |
| Sig | nature of New Registered | d 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)

| Title | Name | Address | Type of Action |
|---------------------|--|--|-----------------------|
| | | | A'dd Remove |
| | | | Add Remove |
| | · | ` | Add Remove |
| | or adding additional Articles, enter chional sheets, if necessary). (Be specific | | |
| T U | sould like to ch | arge the e | Freduc |
| Dote | to original dat | U A | orafia. |
| E | EIN # 27-40443 | 72 - And 0 | ilso ada |
| EIN | number on File | | |
| <u>provisions f</u> | lment provides for an exchange, reclass for implementing the amendment if not oplicable, indicate N/A) | sification, or cancellation of iss contained in the amendment i | ued shares, tself: |
| | | | |

| The date of each amendment | (s) adoption: | 11/24/2010 |
|--|--|--|
| Effective date if applicable: | Immidate of add | option is required) |
| | (no more than 90 days after a | mendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) | |
| the amendment(s) was/wer by the shareholders was/we | e adopted by the shareholders, re sufficient for approval. | The number of votes cast for the amendment(s) |
| | | s through voting groups. <i>The following statemer</i> d to vote separately on the amendment(s): |
| "The number of votes of | ast for the amendment(s) was/ | were sufficient for approval |
| by | | |
| | (voting group) | . |
| The amendment(s) was/were action was not required. | e adopted by the board of direc | ctors without shareholder action and shareholder |
| The amendment(s) was/were action was not required. | e adopted by the incorporators | without shareholder action and shareholder |
| Dated | 1/24/2010 | |
| Signature | Moem | legri |
| selec | * * | ffice — if directors or officers have not been the hands of a receiver, trustee, or other court y) |
| | NOAM | SACAU |
| | (Typed or printed r | name of person signing) |
| | Preside | 201 |
| | (Title of person signing | g) |