Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : AGI REGISTERED AGENTS, INC.

Account Number : I20000000205

Phone : (305)416-6800

Fax Number

: (305)416-6811

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN ALLKRIS ESTATE CORP.

Certificate of Status	0		
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Estimated Charge	\$35.00		

MAY 1 6 2014

COVER LETTER

TO: Amendment Secti Division of Corpo			
NAME OF CODEOR	ALLKRIS E	STATE CORP.	
NAME OF CORPOR	D1000010360	<u> </u>	
DOCUMENT NUME	P1000010360	0	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	Diane M. Hernan		
		Name of Contact Person	1
	Adams Gallinar, I	P.A.	
		Firm/ Company	
	1000 Brickell Ave	nue, Suite 300	
		Address	
	Miami, Florida 33	131	
		City/ State and Zip Cod	8
dhe	ernandez@agilaw	.com	
		sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Diane M. Hernandez		at (305	416-6800 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	urtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Muiling Address		Address
Amendment Section Division of Corporations P.O. Box 6327			ment Section
			n of Corporations Building
	ahassee, FL 32314		xecutive Center Circle
	-		issee, FL 32301

Articles of Amendment

Articles of Incorporation	14 MAY 15 AM 9: 10
of	SEONETARY
	1 AL 1 210 COTE - 1 200 10
ly filed with the Florida Dept. of Sta	nte)
er of Corporation (if known)	•
orida Statutes, this Florida Profit Cor	poration adopts the following amendment(
he corporation;	
	The new
	or "incorporated" or the abbreviation nal corporation name must contain the
able: ADDRESS)	
	·
vistered office address in Florida, en red of fice address:	ter the name of the
	
(Florida street address)	
(
	, Florida
	word "corporation; word "corporation," "company," of Corp," "Inc," or "Co". A profession the abbreviation "P.A." able: ADDRESS)

Signature of New Registered 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)

Please note the officer/director title by the first letter of the office title:

3054166811

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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	DPS	Constantino Bagatelas	1000 Brickell Avenue
Add			Suite 300
Remove			Miami, Florida 33131
2) Change	PD	Janett Poli	1000 Brickell Avenue
Add			Suite 300
Remove			Miami, Florida 33131
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

uuuH	or adding add ional sheets, if r	necessary). (Be specific)				
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an amend	ment provides	for an exchan	ios residentific	otion arcone	allation of ice	ned shores	
<u>rovisions i</u>	<u>for implementi</u>	<u>ing the amend</u>	ment if not co	ntained in the	amendment	itself:	
(g not c	applicable, indi	cate N/A)					
	·	 					
			_				
							
		<u></u>		<u> </u>			
						 	

The date of each amendment(s) adoption: date this document was signed.	_, if other than the
·	
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" (voting group)	
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 May 15, 2014	
Signature (By a director, president or other) officer – if directory 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)	
Robert R. Adams, Esq.	
(Typed or printed name of person signing)	
Authorized Representative	
(Title of person signing)	

9: 10