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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations FDC Consultants, Inc P11000015946 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: tarame 5 mith @ yaha. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Taram je Smith at (954) 729-1589

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

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Articles of Amendment

to

A	rticles	of	Incor	poratio	ən
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Afticles of file of por	ation					
(Name of Corporation as currently filed with the Fl	tants Inc i					
7 66						
P) 10000 1599	76					
(Document Number of Corporation (if	known)					
	S 1200					
Pursuant to the provisions of section 607.1006, Florida Statutes, thi amendment(s) to its Articles of Incorporation:	s Florida Profit Corporation adopts the following					
A. If amending name, enter the new name of the corporation:						
The state of the s						
	The new					
name must be distinguishable and contain the word "corporatio						
abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp,"						
name must contain the word "chartered," "professional association,"						
B. Enter new principal office address, if applicable:	102 NE. 2nd st. #105					
(Principal office address MUST BE A STREET ADDRESS)						
(1 inceput office address MOST DE TESTRICAL TESTRESS)	BOCA Raton, FL 33433					
	, , ,					
C. Enter new mailing address, if applicable:	100 MF. 2nd ct #					
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	10x /40. 01031.7					
	102 N.E. 2nd st. # Bocy Raton, Fr 105					
	33430					
						
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name of the					
new registered agent and/or the new registered office address:						
Name of New Registered Agent:						
New Registered Office Address: (Florida stro	eet address)					
Trew Registered Office Madress. (1 for tall sire	ics aum cosy					
	, Florida					
(City)	(Zip Code)					
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.						
Signature of New Regist	tered Agent, if changing					

Page 1 of 3

The date of each amendment	(s) adoption: $\frac{9}{28}/200$
	(date of adoption is required)
Effective date if applicable:	5/1/201
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statemen d for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	cast for the amendment(s) was/were sufficient for approval
by	25
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	5/1/2011
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	Toward Swyth (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	President
	(Title of person signing)