P11000024177

(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:
•

Office Use Only



500257678285

03/18/14--01021--012 **52.50

STORE IARY OF STARS

FILED 14 MAR 18 AM 9: 59

C. LEWIS

MAR 1 9 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ZE SCRIB	E PLUS CORPO	ORATION
DOCUMENT NUMBER: P110000241		
The enclosed Articles of Amendment and fee are so		
Please return all correspondence concerning this ma	atter to the following:	
ZENA HALLAM	KARIM	
ZE SCRIBE PLU	Name of Contact Person	•
289 NW 68TH A	Firm/ Company	
OCALA FL 3448	Address	
MLOW@DOCBOX. E-mail address: (to be u	City/ State and Zip Cod COM sed for future annual report	
For further information concerning this matter, plea	se call:	
MARIA LOW	at (352	₎ 861-8900
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation of

14 HAR 18 AM 9: 59

SECRETARY OF STATE TALLAHASSES, PLOSIDA

ZE SCRIBE PLUS COR	PORATION		_
`	currently filed with the Flor	rida Dept. of State)	
P11000024177			
(Document	t Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this Fl	orida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
TAZEKA AROMATHERA	APY CORPORAT	ION	The new
name must be distinguishable and conte "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional associate	ation "Corp," "Inc," or "Co		 bbreviation
B. Enter new principal office address, i	f applicable:	N/A	_
(Principal office address MUST BE A ST	<u>"REET ADDRESS"</u>)		
			•
			•
C. Enter new mailing address, if application (Mailing address MAY BE A POST Co.		N/A	
(1) Marie 100 (1			•
			-
			-
D. If amending the registered agent and		s in Florida, enter the name of the	
new registered agent and/or the new	N/A		
Name of New Registered Agent	IN/A		
	(Florida street	address)	
New Registered Office Address:	(City)	, Florida(Zip Code)	-
	(0.9)	(2.7 33.3)	
New Registered Agent's Signature, if ch		h and accept the obligations of the position.	
Thereo, accept the appointment as registe	rea agent. Tum jumitut wit	n and accept the obligations of the position.	

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:

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.

Example: X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		-		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add	-		,	
4) Change				
Add		_		
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)					
N/A	s, ij necessary). (E	e specijic)			
			·		
	-				
	···			· · · · · · · · · · · · · · · · · · ·	
					····
	· · · · · · · · · · · · · · · · · · ·				<u></u>
		,			
·				 	
		•			
F. If an amendment prov	ides for an exchang	<u>e, reclassificatio</u>	on, or cancellation	of issued shares,	
provisions for implen (if not applicable,	<u>tenting the amendn</u> indicate N/A)	nent if not conta	ined in the amendi	nent itself:	
N/A	marcure 1471)				
14/7					
					
•				• •	
	. 				

APPROVED AND FILED

14 MAR 18 AM 9:59

The date of each amendment(s)	adoption: IVA	, if other than th
date this document was signed.	SECRETART OF STATE TALLAHASSES, FLORIDA	
Effective date if applicable:	I/A	
Effective date it applicable.	(no more than 90 days after amendment file date)	_
	(OVEROV OVER)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	.,,	
	(voting group)	
The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated 03/14	/2014	
Signature	Mallan	
(By a	a director, president or other officer - if directors or officers have not been	_
	eted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
 PP*		
	ZENA HALLAM KARIM	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	