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COVER LETTER

Division of Corporations					
NAME OF CORPORATION: HAYAT INC.					
DOCUMENT NUMBER: PILOCOD 29 106					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
MALIKA.B.PATEL					
Name of Contact Person HAYAT INC.					
855, KESHAV TAYLOR DV.					
City/ State and Zip Code					
PATEL @ Dizkingdom - Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
MALIKA B · PATEL at (850) 503-7192 Name of Contact Person 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 Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)					
Mailing Address Amendment Section Street Address Amendment Section					
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building					
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301					

Articles of Amendment to

	Articles of Inco	orporation		
Haria	T (TAL)			
11777	1 270	filed with the Florida Dep	t of State)	
(Name of Cor	DOTATION AS CUTTERITY	Thea with the Florida Dep	i. of State)	
	Document Number of	Corporation (if known)		
	`	•		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this F	Florida Profit Corporation a	dopts the following amend	lment(s) to
A. If amending name, enter the new name o	f the corporation:	. /		
		N/A	The i	n <i>e</i> w
name must be distinguishable and contain t "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association," B. Enter new principal office address, if app (Principal office address MUST BE A STREE	"Corp," "Inc," or "Corp," "Inc," or "Corp," "Inc," or "Corp," Inc," or "Corp," or "Corp,	🕽 . A professional corpor	orated" or the abbrevia ation name must contain	tion the
(Francipal Office address MOST DE ASTREE	TADDRESS (_
			- 1 - 1 - 1	_
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI	<u>:</u> (CE BOX)	N / R		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>			_
				_
				
D. If amending the registered agent and/or			me of the	
new registered agent and/or the new reg	istered office address:	<u> </u>		
Name of New Registered Agent	N/A			
	(Florida stro	cet address)		
New Registered Office Address:			_, Florida	
		(City)	(Zip Code)	_
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	ing Registered Agent: agent. I am familiar v	with and accept the obligatio	ns of the position.	
				75 a
_	NA	egistered Agent, if changing		
	Signature of New R	egistered Agent, if changing		
				**; ·-
				· .

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 PT John Doe X Remove <u>v</u> Mike Jones <u>X</u> Add <u>SV</u> Sally Smith Address Title Type of Action Name (Check One) PATEL, VISHNUBHAI 5250. OVERBROOK Dr. 1) ____ Change ____ Add X__ Remove 2) ____ Change ____ Add ____ Remove 3) ____ Change __ Add __ Remove 4) ____ Change ____ Add __ Remove 5) ____ Change _ Add __ Remove 6) ____ Change

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

____ Add

_ Remove

mending or adding additional Ar ich additional sheets, if necessary).	Hicles, enter chan Be specific)	ge(s) here:		
N/A				
<u></u>				
			- <u></u>	
	<u>-</u>			
	 -			
n amendment provides for an ex	cchange, reclassif	ication, or cancell	ation of issued shar	res,
ovisions for implementing the an (if not applicable, indicate N/A)	nendment if not c	contained in the a	nendment itself:	
		·		
				
				·
				

The date of each amendment(s) adoption: 01-01-2016	, if other than the
late this document was signed.	
Effective date if applicable: 0/-0/-20 6 (no more than 90 days after amendment file date)	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	vill not be listed as the
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 07-07-12-016	
Signature	
(By a director, plesident or other officer – if directors 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)	
MALIKA-B-PATEL	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	