## P11000042662

(Re	questor's Name)	
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MAY 2 \$ 2016 C LEWIS

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: FREEDOM WALF	KING INC	·····	
DOCUMENT NUMBI			·····	
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
F	URMAN, LEONID			
_		Name of Contact Person	1	
F	REEDOM WALKING INC			
_	·····	Firm/ Company		
6	11 S. FORT HARRISON A	VE. 217		
-		Address	····	
(	CLEARWATER, FL 33756			
_		City/ State and Zip Code	e	
FREEI	DOMWALKINGINC@GMA	AIL.COM		
<del></del>	E-mail address: (to be us	sed for future annual report	notification)	
	concerning this matter, pleas		261,0002	
FURMAN LEONID		at (	_) 369 8002	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	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)	
	ng Address		Address	
	idment Section ion of Corporations	Amendment Section Division of Corporations		
	Box 6327		Building	
	nassee, FL 32314		xecutive Center Circle	
			assee, FL 32301	

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

## 16 MAY 23 AM 7:51 **Articles of Amendment** to

**Articles of Incorporation** 

FREEDOM WALKING INC			
(Name o	of Corporation as current	ly filed with the Florida Dept. of State)	
N/A	P11000042662		
	(Document Number of	f Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:		
N/A		The new	
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address,	if annlicable:	N/A	
(Principal office address MUST BE A S			
		Name of the second seco	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	N/A		
	(Florida st	reet address)	
N D : 10m 411	N/A	,	
New Registered Office Address:		(City) (Zip Code)	
		(-7	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		:: with and accept the obligations of the position.	
<u></u>	Signature of New I	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 Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Namc</u>	<u>Addres</u> s
1) Change	PVST	FURMAN, LEONID	611 S.FORT HARRISON AVE 217
Add X Remove			CLEARWATER, FL 33756
2) Change	DIR	FURMAN LEONID	611 S.FORT HARRISON AVE 217
Add X _			CLEARWATER FL 33756
Remove 3) Change	PVST	VALENTE, VANNI	611 S.FORT HARRISON AVE 217
X AddRemove			CLEARWATER, FL 33756
4)Change	D	VALENTE, VANNI	611 S. FORT HARRISON AVE 21
X Add Remove			CLEARWATER, FL 33756
5) Change		_	
Add			
Remove			<del></del>
6) Change	*		
Remove			

L. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)						
N/A						
	***		····			
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provisions for	nt provides for an Implementing the licable, indicate N	exchange, reclass amendment if not	ification, or canc t contained in the	ellation of issued amendment itse	shares, lf:	
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		<del></del>				

SECRETARY OF STATE DIVISION OF CORPORATIONS

05/18	/2016
The date of each amendment(s) adoption:	
date this document was signed.	10 1100
05/18/2016 Effective date <u>if applicable</u> :	
pricetive date in appricative.	no more than 90 days after amendment file date)
Note: If the date inserted in this block does not document's effective date on the Department of Sta	meet the applicable statutory filing requirements, this date will not be listed as thate's records.
Adoption of Amendment(s) (CHEC	CK ONE)
The amendment(s) was/were adopted by the sha by the shareholders was/were sufficient for app	areholders. The number of votes cast for the amendment(s) proval.
	nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s):
"The number of votes cast for the amenda	nent(s) was/were sufficient for approval
by	
(voting	group)
action was not required.	ard of directors without shareholder action and shareholder corporators without shareholder action and shareholder
05/18/2016 Dated	
Signature Out	<b>/</b>
	nt or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court y that fiduciary)
FURMAN LE	ONID
(Ту	ped or printed name of person signing)
DIRECTOR	
<del></del>	(Title of person signing)