Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110001651873)))



H110001651873ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Cosporations

Fax Number

: (850)617-6380

E.com:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 Phone

Fax Number

: (305)633-9696

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

> COR AMND/RESTATE/CORRECT OR O/D RESIGN WSK USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

EMBIRE CORP KIT

6/22/2011 00/22/2011 00:d0 3696889908

			4 °
		Articles of Amendment	H11000/65/87
		to	F11 m
		Articles of Incorporation	LE
	\A.):	CK LICA INC	ept. of State TALLAHASSEE, FLO
	VV	SK USA, INC.	SECRETA
	(Name of Cornoration as cu	really thed with the Florids Di	EDT. OI STATE VALLAHASSO OF ST
_	P1	11000044544	
	(Document N	umber of Corporation (if known)	_
endme	nt(s) to its Articles of Incorporation	:	la Profit Corporation adopts the fol
. <u>If ame</u>	mding name, enter the new name	of the corporation:	
		VSK, INC	
. Enter	new mailing address, if applicab		· · · · · · · · · · · · · · · · · · ·
	ng address MAY BE A POST OF		
			
	nding the registered agent and/or ejstered agent and/or the new re		orids, enter the same of the
new re			orids, enter the same of the
new re	sistered agent and/or the new re		
new re	eistered agent and/or the new re	gistered office address:	

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 Registered Agent, if changing

Page 1 of 3

H11000165187

If am	ending the Officers and/or Directors.	enter the title and name of each of	ficer/director being
(Attac	ed and title, name, and address of each additional sheets, if necessary)	ch Officer and/or Director being a	dded:
Title	. <u>Name</u>	Address	Type of Action
ممتر			_ DAdd
			
_			[] Add
-			
			
			™ Add
			☐ Remove
E. <u>If a</u>	mendlug or adding additional Article	s, enter change(s) here:	
(atte	sch additional sheets, if necessary). (I	Be specific)	
			
			
F. <u>If</u>	n amendment provides for an exchan	ge, reclassification, or cancellatio	n of issued shares,
pr	visions for implementing the amendo	neut if not contained in the amend	ment itself:
	(if not applicable, indicate N/A)		
			
		·	

Page 2 of 3

The date of each amendment	(s) adoption:	06/20/2011	H11000165187
Effective date if applicable:		(date of adoption is requir	ed)
EMECUTE UNIC E ANIMATHUE.	(no more than 90	days after amendment file o	dats)
Alioption of Amendment(s)	CHE	CK ONE)	
The amendment(s) was/we by the shareholders was/we	re adopted by the st pre sufficient for app	archolders. The number of proval.	f votes cast for the supendiment(s)
The amendment(s) was/wes must be separately provide.	te approved by the s d for each voting gr	tharcholders through voting outpentitled to vote separa	groups. The following statements on the amendment(s):
"The number of votes	cast for the amendm	ioni(s) was/were sufficient	for approval
by	(voting group)	µ	
	(voting group)		
The amendment(s) was/wer action was not required.	e adopted by the bo	ard of directors without sh	areholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the inc	corporators without shareho	older action and shareholder
Dated6	121/11		
Signature		Oi	
			ors or officers have not been sceiver, trustee, or other court
	ointed fiduciary by		indiret, guadae, or ozagi court
		ZOUHEIR SAFAWI	
	(Typed	or printed name of person	signing)
		PRESIDENT	
	(Title of pe	mon signing)	

Page 3 of 3

411000114 B7