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C. LEWIS
FEB 1 9 2014
EXAMINER

COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION: AZ THE WIZARD PICTURE FRAMING INC
DOCUMENT NUMBER: <u>P11000078094</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
AZRAL MOHAMMED Name of Contact Person AZTHE WIZHED PICTURE FRAMING INC.
Name of Contact Person
AZTITE WIZHED PICTURE FRAMING INC.
Firm/ Company
275 NE zud Ave
Address
DELRIAY BEIGH, FL 33444
City/ State and Zip Code
•
azdwize amail. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AZRAL MOHAMMED at (561) 450 6886
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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

APPROVED AND FILED

Articles of Amendment to Articles of Incorporation

14 FEB 18 PH 1: 19

	Articles of Incorporation of	SECRETARY OF STAFF
Az THE WIZHRD F	PETURE FRAMING INC	ニー・システム きょしたひむしし エキ しゅうしゅ
	irrently filed with the Florida Dept. of State)	
7110000780		
(Document N	Number of Corporation (if known)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	06. Florida Statutes, this <i>Florida Profit Corpor</i>	ntion adopts the following amendment(s)
A. If amending name, enter the new name	e of the corporation:	
A-Z PICTURE	FRAMING BY AZ	- INC. The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	n the word "corporation," "company," or " on "Corp," "Inc," or "Co". A professional n," or the abbreviation "P.A."	incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, if a (Principal office address MUST BE A STR		
•		
C. Enter new mailing address, if applica (Mailing address <u>MAY BE A POST OF</u>		
D. If amending the registered agent and/o new registered agent and/or the new r	or registered office address in Florida, enter registered office address:	the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
- Total Control of the Control of th	(Ciṇ)	(Zip Code)
New Registered Agent's Signature, if chall have be consent the gravitational of the second the seco	nging Registered Agent:	ligations of the position
i nereby accept the appointment as registere	ed agent. I am familiar with and accept the ob	nganons of the position.
	ature of New Registered Agent of 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>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		-		
Add				
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If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares.
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, addeduced in the amendment itself:
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provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:

APPROVED AND FILED

14 FEB 18 PH 1: 19 The date of each amendment(s) adoption: _ _____, if other than the date this document was signed. Effective date if applicable: (no more than 90 days after amendment file date) 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 (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. (By a director, president 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) AZRAL MOITAMMED
(Typed or printed name of person signing) PRESIDENT.
(Title of person signing)