P11000018937

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11 SEP 30 AM 10: 16

SECRETARY OF STATE DIVISION OF CORPORATIONS

Amend 10/3/11

TO: Amendment Section Division of Corporations

*	
NAME OF CORPORATION:	SHEIKHU CORP
DOCUMENT NUMBER:	P11000078937
The enclosed Articles of Amendmen	and fee are submitted for filing.
Please return all correspondence con-	erning this matter to the following:
	Name of Contact Person
-	SHEIKHU CORP Firm/ Company
6845	ARUHGTON EARRESS WHY Address
	City/ State and Zip Code CV Q 4hpo - Com (to be used for future annual report notification)
For further information concerning the	s matter, please call:
TANVEER UL A	at (845) 821 0132 Area Code & Daytime Telephone Number
Enclosed is a check for the following	amount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Certificate of	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

OIVISION OF CORPORATIONS 11 SEP 30
11 SEP 30 AM 10: 16
AM 10: 16

SHEIKHU CORP	APT 10: 16			
(Name of Corporation as currently filed with the Florida Dept. of State)				
P11000078937				
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> amendment(s) to its Articles of Incorporation:	n adopts the following			
A. If amending name, enter the new name of the corporation:				
	The new			
name must be distinguishable and contain the word "corporation," "company," or "incorpabbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professioname must contain the word "chartered," "professional association," or the abbreviation "P.A."				
B. Enter new principal office address, if applicable: 6845 ARUNGION EAPI	REUSWAY			
(Principal office address MUST BE A STREET ADDRESS) JACKO MVILLE, FL	·			
322//				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) SAME AS MELLINE				
				
D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:	ne of the			
Name of New Registered Agent: TAHVEER UL HUQ				
New Registered Office Address: (Florida street address)				
JACK SON VILLE, Florida_ (City) (Zip Code)	32211			
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	s of the position.			
- Jam				
Signature of New Registered Agent, if changing				

<u>Γitle</u>	<u>Name</u>		Address	Type of Actio
<u>P</u>	ADESL	AHMED	234 MORTH MAIN ST 5-10 SPRING VALLEY, 184 10977	Add Remove
				Add Remove
<u> </u>		507 Marc 1 (2004)		
			7- J	
			7· 1	
provisi		nting the amendme	e, reclassification, or cancellation of issent if not contained in the amendment i	ued shares,
provisi	ons for impleme	nting the amendme	e, reclassification, or cancellation of iss	ued shares,

The date of each amendment(s) a	doption: 09/25/20//				
	(data of adoption is nagrinad)				
Effective date if applicable: (no more than 90 days after amendment file date)					
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were ad by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.				
	proved by the shareholders through voting groups. The following statement 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	,,,				
(vot	ing group)				
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder				
Dated	39/25/201				
Signature					
selected	rector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court of fiduciary by that fiduciary)				
арроппс					
	(Typed or printed name of person signing)				
_	(Title of person signing)				