## P11000107967

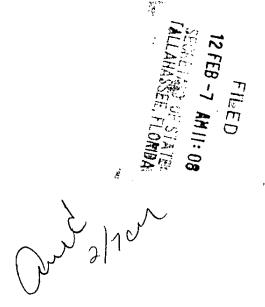
| (Re                     | questor's Name)    | <del></del> |
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| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nan  | ne)         |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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Office Use Only



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## **COVER LETTER**

| <b>TO:</b> Amendment Sec<br>Division of Corp |   |  |  |
|--|---|--|--|
| NAME OF CORPO                                | RATION: ZEN TRAV                            | EL, CORP.  |  |
| DOCUMENT NUM                                 | BER: P1100010796                            | 7  |  |
|  | of Amendment and fee are su                 |  |  |
| Please return all corre                      | espondence concerning this ma               | tter to the following:   |  |
|  | JOSE JARDIM J                               | UNIOR  |  |
|  |   | Name of Contact Person   | 1  |
|  | TAX DIRECT                                  |  |  |
|  |   | Firm/ Company  |  |
|  | 5619 INTERNAT                               | IONAL DR   |  |
|  |   | Address  |  |
|  | ORLANDO, FL 3                               | 32819  |  |
|  |   | City/ State and Zip Code   | e  |
| JJ.  | JUNIOR@JJJUNI                               | OR.COM   |  |
|  |   | sed for future annual report                                       | notification)  |
|  |   |  |  |
| For further information                      | on concerning this matter, pleas            | se call:   |  |
| JOSE JARD                                    |   | 407  | 700 5202   |
|  |   | at (407  | 709-5202   |
| Name   | of Contact Person                           | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check for                      | or the following amount made                | payable to the Florida Depa  | artment 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) |
|  | iling Address                               | Street   | Address  |
|  | endment Section<br>vision of Corporations   |  | Iment Section on Corporations  |
|  | ). Box 6327                                 |  | on of Corporations<br>Building   |
| Tal  | lahassee, FL 32314                          |  | Executive Center Circle  |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| ZEN TRAVEL, CORP.   |   |
|---|---|
| (Name of Corporation as currently filed with the  | Florida Dept. of State  |
| P11000107967  | <u>A</u> ? <b>#</b>   |
| (Document Number of Corporation   | (if known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:  | s Florida Profit Corporation adopts the following argendment(s) to  |
| A. If amending name, enter the new name of the corporation:   | The new   |
| name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable:   | 5436 TOUCHSTONE DR  |
| (Principal office address MUST BE A STREET ADDRESS)   | ORLANDO, FL 32189   |
|   |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   | 5436 TOUCHSTONE DR  |
| intuming dualities interest in the second second  | ORLANDO, FL 32189   |
|   |   |
| D. If amending the registered agent and/or registered office ad<br>new registered agent and/or the new registered office addre  |   |
| Name of New Registered Agent  | <del></del>   |
| (Florida s  | street address)   |
| New Registered Office Address:  | Florida   |
| (Cit  | y) (Zip Code)   |
|   |   |
| New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familial  |   |
| Signature of New Registered   | A Agent if changing   |
| Dignature of their Registeres   | TISOM 9 OMMENTS   |

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 <math>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                 |  |
| X Add                         | <u>sv</u> | Sally Smith                |  |
| Type of Action<br>(Check One) | Title     | <u>Name</u>                | <u>Addres</u> s                                |
| 1) Change Add Remove          | Р         | WANDERSON D DA SILVA FERRO | 1035 S. HIAWASSEE RD 2722<br>ORLANDO, FL 32835 |
| 2) Change Add Remove          | VP        | VINCENT VELASQUEZ          | 1526 KELBY RD<br>KISSIMMEE, FL 34744           |
| 3) Change Add Remove          |           |                            |  |
| 4) Change Add Remove          | <u> </u>  |                            |  |
| 5) Change Add Remove          |           |                            |  |
| 6) Change Add Remove          |           |                            |  |

| tach additional s                  | ding additional A<br>heets, if necessary | ). (Be specij        | fic)                   |                                       |               |               |
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| an amendment                       | provides for an ex                       | xchange, recla       | <u>ss</u> ification, o | cancellation                          | of issued sha | res,          |
| rovisions for im<br>if not applica | plementing the au<br>able, indicate N/A) | <u>mendment if n</u> | ot contained           | in the amend                          | ment itself:  |               |
| () Hat WPP Has                     | ,  | '                    |                        |                                       |               |               |
|                                    |  |                      |                        |                                       |               |               |
|                                    |  |                      |                        |                                       |               |               |
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|                                    |  |                      |                        |                                       |               |               |
|                                    |  |                      |                        |                                       |               |               |

| The date of each amendment(s)  Effective date <u>if applicable</u> : |   |
|--|---|
| <u> </u>   | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)   | (CHECK ONE)   |
| The amendment(s) was/were ac<br>by the shareholders was/were         | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.  |
|  | oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):  |
| "The number of votes cas   | st for the amendment(s) was/were sufficient for approval  |
| by   | (voting group)  |
|  | (voting group)  |
| action was not required.   | dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder  |
| Dated 01/05  | /2012   |
| Signature(By a select  | director, president on other officer – if directors or officers have not been led, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) |
|  | JULIANA GONCALVES   |
|  | (Typed or printed name of person signing)   |
|  | President   |
|  | (Title of person signing)   |