P/2000019516

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	- · · · -
PICK-UP WAIT	MAIL MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	tatus
Special Instructions to Filing Officer:	
•	·

Office Use Only



900224023349

03/12/12--01004--022 **35.00

2HAR 12 HI-103 Amend. 03-14-12 DC

COVER LETTER

Division of Corporations
NAME OF CORPORATION: Festival Swow Queen Inc. DOCUMENT NUMBER: 120000 19516
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SEMAHAT ARSLAW FOOUL Name of Contact Person
Firm/ Company 6080 N SABAL PALM BLVD #204 Address TAMAKAC, FL 33319 City/ State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
SEMAHAT ARSLAN FOOUL, 984, 773 4846
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:
\$35 Filing Fee Certificate of Status 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

And the of American	72 y	10° -10°
	ا مونتر . پارند پارند	美 善 一
Articles of Incorporation		
of of		
FESTIVAL SNOW (Grucen Inc		
(Name of Corporation as currently filed with the Florida Dept. of State)		
P 12,0000 19516		0
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpora</i> tits Articles of Incorporation:	tion adopts the follow	ing amendment(s) to
A. If amending name, enter the new name of the corporation:		
SNOW QUEEN ENTEPRISES	INC.	The new
name must be distinguishable and contain the word "corporation," "company," or "in "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional coword "chartered," "professional association," or the abbreviation "P.A."	acorporated" or the	abbreviation t contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1//4	_
D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address:	ne name of the	
Name of New Registered Agent (Florida Street Ladavess)		
	lorida	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar with and accept the oblig	gations of the position	l.
Signature of New 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: <u>X</u> Change	<u>PT</u> <u>Joh</u>	nn Doc		
X Remove	<u>V</u> <u>Mi</u>	ke Jones		
X Add	<u>SV</u> <u>Sal</u>	lly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
Change Add Remove	<u>vp</u>	Turany	FOOUL	6080 N Sabal PMMBLV
2) Change Add Remove				
3) Change Add Remove				
4) Change Add Remove				
Change Add Remove				
6) Change Add Remove				

(f amending or adding additional Articles, enter change(s) here: attach additional sheets, if necessary). (Be specific)
-	
_	
•	
•	
	·
	f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)

The date of each amendment(s) ac	3/6/12
Effective date <u>if applicable:</u>	3/6/12
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting 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
action was not required.	
Dated	16/12
Signature	= Andlan
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	SEMAHAT ARSCAN FOOLL
	(Typed or printed name of person signing)
	PRESIDENT.
•	(Title of nerson signing)