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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051 Phone : (305)937-7773

Fax Number : (815)301-2897

S TALLEY

OCT 3 1 2018

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

Email Address: NADYA, USOVICH @ offens, com

COR AMND/RESTATE/CORRECT OR O/D RESIGN ONE WHITE APPLE INC

MECETVED BOCT 30 AM 7: 50 PREMANSEE, FATE

| Certificate of Status | 0 | |
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| Certified Copy 0 | | |
| Page Count 01 | | |
| Estimated Charge | \$35.00 | |

Amend

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of

| ONE WHITE APPLE INC | | 474.43 | | |
|---|---|--|--|----------------------|
| (Name of Corpor | ation as currently filed with the Florida D | ept. of State) | | |
| P12000021607 | | | | |
| (Doc | ument Number of Corporation (if known) | | | |
| Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation: | ida Statutes, this Florida Profit Corporation | n adopts the following ar | nend | ment(s) |
| A. If amending name, enter the new name of the | corporation: | | | |
| | | T): | ie n | ew |
| name must be distinguishable and contain the w "Corp" "Inc.," or Co.," or the designation "Co- word "chartered," "professional association," or t | orp, " "Inc, " or "Co". A projessional con | orporated" or the abbr poration name must con | eviat tain | ion the |
| B. Enter new principal office address, if applica | ble: | ** | | |
| (Principal office address MUST BE A STREET A | <u>DDKESS</u>) | | · · . | _ CO |
| | | ÷ | <u>-</u> ., | Ξ |
| | | | <u>; </u> | زي – |
| C. Enter new mailing address, if applicable: | | | | \Box |
| (Mailing address MAY BE A POST OFFICE | <u>BOX</u>) | | • | |
| • | | • •- | | - 10 - 10 - 10 |
| | | | i | , in |
| | | <u> </u> | •• | _30 |
| D. If amending the registered agent and/or registered agent and/or the new registered Name of New Registered Agent | stered office address in Florida, enter the red office address: | name of the | | |
| ~ | (Flmida street address) | | | |
| | <i>p. 11.</i> 122 <i>M</i> 124 <i>M</i> 24 <i>M</i> | Flasida | | |
| New Registered Office Address: | (City) | Florida Zip Coc | ie) | _ |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent | Registered Agent: ns. I am familior with and accept the obliga | ations of the position. | | |
| | Simply of New Registered Agent if change | ring | | |

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 Doc 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 Doc | |
|-------------------------------|-----------|-------------------|--------------------|
| X Remove | <u>V</u> | Mike Jones | |
| _X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | Address |
| i) Change | VP | MENACHEM WALDSHIN | 2875 NE 191 STREET |
| X Add | | | STE 601 |
| Remove | | | AVENTURA, FL 33180 |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | · |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. If amending or adding additional Arti (Attach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) | |
|---|--|---|
| N/A | | |
| | | · |
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| F. If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself: | |
| N/A | | · |
| | | |
| | | |
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| The date of each amendment(s) adoption: if other than the |
|--|
| date this document was signed. |
| Effective dute if applicable: (no more than 90 days after amendment file date) |
| (no more than 90 days after amendment file date) |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| Adoption of Amendment(s) (CHECK ONE) |
| D The amendment(s) was/were adopted by the shareholders. The number of votes cost for the amendment(s) by the shareholders was/were sufficient for approval. |
| [1] 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 vate separately on the amendment(s): |
| "The number of votes cast for the amendment(s) was/were sufficient for approval |
| hy |
| (voing group) |
| The amendment(x) 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. |
| Dated |
| Signature / MMMM! |
| (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) |
| ELAZAR ORBACH |
| (Typed or printed name of person signing) |
| PRESIDENT |
| (Title of necron elemina) |