P12000023704

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Amend

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COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: ____ Grecian Natural Soap, Inc. P12000023704 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jenny Angelakopoulos Name of Contact Person Firm/ Company 1400 Gulf Road Address Tarpon Springs, FL 34689 City/ State and Zip Code nkiousis1956@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 247-7256

Area Code & Daytime Telephone Number Jenny Angelakopoulos Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Grecian Natural Soap, Inc.				
(Name	of Corporation as curren	tly filed with the Florida Dept. of State)	学生, 事	- 1.2
P12000023704			. 5.5	<u>;</u>
	(Document Number	of Corporation (if known)	製作	. 0
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation adopts the fol	lowing amendme	nt(s) to
A. If amending name, enter the new na	ame of the corporation:			
			The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	ion," "company," or "incorporated" or "Co". A professional corporation name "P.A."	the abbreviation must contain the	† ?
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4227 Louis Ave.		
		Holiday, FL 34691	,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4227 Louis Ave.		
		Holiday, FL 34691		
D. If amending the registered agent an new registered agent and/or the new				
Name of New Registered Agent	Nikolaos Kiousis			
Traine of the Regioner and	4227 Louis Ave.			
	(Florida s	street address)		
New Registered Office Address:	Holiday	344 , Florida	691	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		nt: r with and accept the obligations of the posi	ition.	
MIN	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: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	Jenny Angelakopoulos	4205 Louis Ave.
Add			Holiday, FL 34691
Remove			
2) Change	P	Nikolaos Kiousis	4227 Louis Ave.
x Add			Holiday, FL 34691
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			······································
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Demosia			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
F. If 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)
We request the the issued 100 shares that are now in the Jenny Angelakopoulos be exchanged to the name of Nikolaos Kie

	January 3, 2017	
The date of each amendment		, if other than the
date this document was signed		
	January 3, 2017	
Effective date if applicable:	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):	
	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Januai Dated	ry 3, 2017	
Signat ure	1 en de copole	·
	y a director, president or other officer – if directors or officers have not been	
	lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	Jenny Angelakopoulos	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	