P12000031204

(Req	uestor's Name)	
(Ádd	ress)	· · · · · · · · · · · · · · · · · · ·
· (Add	ress)	
(City	/State/Zip/Phon	e #)
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(Bus	iness Entity Nar	me)
(Doc	ument Number)	
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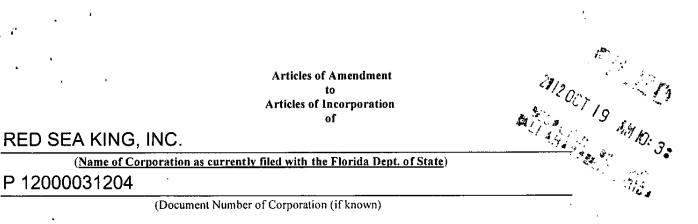


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: RED SEA K	NG, INC.	
DOCUMENT NUMBER: P12000031204		
The enclosed Articles of Amendment and fee are subn		
Please return all correspondence concerning this matte		
SAMIA WAHBA		
	Name of Contact Person	
ACCOUNTAX & P.		
	Firm/ Company	
1908 LAND O LAK	ES BLVD.	
	Address	
LUTZ, FL 33646		
	City/ State and Zip Code	2
OFFICE@ACCOUNTA	AXFL.COM	
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
SAMIA WAHBA	at (813	948-4602
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation



ndment(s) to

(Document Number	of Corporation (if kno	own)	
Pursuant to the provisions of section 607,1006, Florits Articles of Incorporation:	ida Statutes, this <i>Flor</i> d	ida Profit Corporation ad	opts the following amendme
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the contact of the contact	rp," "Inc," or "Co".	A professional corpora	rated" or the abbreviation tion name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ALL)			
	-		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	ROX)		
(Maining and Ess Maria Day 11 Cost of 11 Cost			
	_		
	_	<u> </u>	
D. If amending the registered agent and/or regist new registered agent and/or the new registere		n Florida, enter the nam	e of the
Name of New Registered Agent			
Hame of New Neglistered rigem			
	(Florida street aç	ldress)	
New Registered Office Address:		, Florida_	
-	(City)		(Zip Code)
New Registered Agent's Signature, if changing R			
I hereby accept the appointment as registered agent	. I am familiar with a	and accept the obligations	of the position.

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) Change	VP	MOHAMED ABDELLATIF	5246 ROYAL CYPRESS CIRCLE
X			TAMPA, FL 33646
Remove			
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 Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) CORRECT PRESIDENT NAME TO:
IBRAHIM ABDELMALEK AHMED
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)

The date of each amendment(s) adoption:
OCTOBER 12, 2012
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ 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 vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voling group)
☐ The amendment(s) 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 10/16/2012
Signature
(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)
IBRAHIM ABDELMALEK AHMED
(Typed or printed name of person signing)
(Title of person signing)
(Title of person signing)