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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

MAY 1 4 2015

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## **COVER LETTER**

T0: Amendment Section Division of Corporations
NAME OF CORPORATION: Thilon Chateaux, Inc.
DOCUMENT NUMBER: + 120000 34165
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person  Thilan Chateaux Inc.
Firm/ Company
10716 N.W 2nd Avenue
Siami-Shores IL 33168
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jamas Julcio al 954, 604-4085
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  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations  P.O. Poy 6327  Clifton Publisher

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment		•
to		
Articles of Incorporation of		
This Chateaux Too		
(Name of Corporation as currently filed with the Florida Dept. of State	)	-
1/20100 34165		
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpos</i> its Articles of Incorporation:	ration adopts the followin	g amendment(s) to
A. If amending name, enter the new name of the corporation: "  ZOEII,	Inc "	The new
name must be distinguishable and contain the word "corporation," "company," or "Corp.," "Inc.," or Go.," or the designation "Corp," "Inc," or "Co". A professional word "chartered," "professional association," or the abbreviation "P.A."	"incorporated" or the a corporation name must	bbreviation
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)		- -
D. If amending the registered agent and/or registered office address in Florida, enter new registered agent and/or the new registered office address:	SECRETARY -5	(An areas
Name of New Registered Agent		1-1-1
(Florida street address)  New Registered Office Address.	Florida	O
(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 observed agent. Signature of New Registered Agent, if changing	bligations of the position.	

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<del>_</del>		
Add				
Remove				<u></u>
6) Change		_		
Add				
Remove				

ĺ.	<u>If amending or adding additional Articles, enter change(s) here:</u> Attach <i>additional sheets, if necessary). (Be specific)</i>
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ı	If an amendment provides for an exchange reclassification or cancellation of issued shares
2	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) ad late this document was signed.		if other than the
Effective date <u>if applicable</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 suf	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast i	for the amendment(s) was/were sufficient for approval	
by	***	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	4/30/2014/	
Signature	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	
appoint	ted fiduciary hydrat fiduciary)	
	(amar )ulcio	
•	Typed or printed name of person signing)	
	Lesidant	

(Title of person signing)