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AUG 1 0 2018 S. YOUNG FILED
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	TION: VALERY	INVESTMEN:	T, INC
DOCUMENT NUMBER	: P120000:	3 <i>9 768</i>	
The enclosed Articles of A	Amendment and fee are su	bmitted for filing.	
Please return all correspon	ndence concerning this ma	tter to the following:	
_	Hecro	Name of Contact Person	
_	Heitel	Firm/ Company	n
_	18808 NW	Address  24 Place Pan  City/ State and Zip Cod	nbroke Pines FL 33029
	Wedasanchoz of E-mail address: (to be us	Ogmail. cm sed for future annual report	notification)
,	encerning this matter, pleas	se call:	
Hecron	lugos	at (	)
Name of C	ontact Person	Area Co	) de & Daytime Telephone Number
Enclosed is a check for th	e following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$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		Amend Divisio	Address Iment Section on of Corporations Building
Tallaha:	ssee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

Valery Toylosti	mants
(Name of Corpora	ation as currently filed with the Florida Dept. of State)
Places 511	<i>ω</i> δ
(Doc	cument Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Flor its Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:
	vord "corporation," "company," or "incorporated" or the abbreviation orp," "Inc," or "Co". A professional corporation name must contain the he abbreviation "P.A."
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A.	
	——————————————————————————————————————
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE I	<u>80X</u> )
	2:
	——————————————————————————————————————
D. If amending the registered agent and/or registered agent and/or the new registered.	stered office address in Florida, enter the name of the
	ta office address.
Name of New Registered Agent	<del></del>
	(Florida street address)
New Registered Office Address:	, Florida
	(Sip Cone)
New Registered Agent's Signature, if changing R	
I hereby accept the appointment as registered agent	t. I am familiar with and accept the obligations of the position.
Si	gnature 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> Jo	hn Doe		
X Remove	<u>V</u> <u>M</u>	ike Jones		
X Add	<u>SV</u> <u>S</u>	ally Smith		
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s
1) Change	5	HizaBETI	4 Ruesa	2550 NW 170 AVE
X Add				2550 NW 170 AVE Pembroile Pinas Fl
Remove				3302 <b>8</b>
2) Change				
Add				
Remove				
3 ) Change		<del></del>		
Add				-
Remove				
4) Change				<del></del>
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		<del></del> -		
Add				
Remove				

	heets, if necessary).	(Be specific)			
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<u>an amendment p</u> arovisions for inv	provides for an exclude plementing the ame	<u>aange, reclassilie</u> endment if not co	cation, or cancell antained in the at	<u>ition of issued sna</u> nendment itself:	res,
	ble, indicate N/A)				
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The date of each amendment(s) adoption date this document was signed.	1: 08/07/18	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90) days after amendment f	ile date)
Note: If the date inserted in this block d document's effective date on the Departme	oes not meet the applicable statutory filing requint of State's records.	tirements, this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted by the shareholders was/were sufficien	y the shareholders. The number of votes east for tor approval.	the amendment(s)
	by the shareholders through voting groups. The joint group entitled to vote separately on the am	
"The number of votes cast for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopted b action was not required.	y the board of directors without shareholder actic	on and shareholder
action was not required	y the incorporators without shareholder action an	d shareholder
Dated 08/07/	(P)	
	president or other officer – if directors or officer	rs have not been
selected, by a	n incorporator - if in the hands of a receiver, trus	
appointed fide	iciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Prasident	
	(Title of person signing)	