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Division of Corporations

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R. WHITE

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN HAYLAS FLORIDA CORPORATION

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Corporate Filing Menu

Help

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ASSEMILABLY OF STATES IT ASSESSED FLORIDA

Articles of Amendment Articles of Incorporation

| HAYLAS FL  | ORIDA COR                                     | PORATION   |                               |
|--|---|--|-------------------------------|
| (Name of Corporation as currently  |   | opt. of State)   | ·-                            |
|  | 000052314<br>of Corporation (if known)        |  |                               |
| •  | . , ,   |  |                               |
| Pursuant to the provisions of section 607.1006, Flor its Articles of incorporation:  | ida Statutes, this <i>Florida I</i>           | Profit Corporation adopts the followi                                  | ing amendment(s) to           |
| A. If amending name, enter the new name of the   | corporation:                                  |  |                               |
|  |   |  | The new                       |
| name must be distinguishable and contain the w<br>"Corp.," "Inc.," or Co.," or the designation "Co<br>word "chartered," "professional association," or t | ap," "Inc," or "Co". A                        | pany," or "incorporated" or the a<br>professional corporation name mus | abbreviation<br>t contain the |
| B. Enter new principal office address, if applical (Principal office address MUST BE A STREET A  |   |  | <del></del>                   |
|  |   |  | _                             |
|  |   |  | _                             |
| C. Enter new mailing address, if applicable:   |   |  |                               |
| (Mailing address MAY BE A POST OFFICE)   | <u> </u>                                      |  | _                             |
|  |   |  | _                             |
|  |   |  |                               |
| D. <u>Hamending the registered agent and/or regis</u><br>new registered agent and/or the new registered  | tered office address in Fi                    | orids, enter the name of the   | •                             |
| Name of New Registered Agent   |   |  |                               |
|  |   |  |                               |
| -  | (Floride street addres                        | ı)   |                               |
| New Registered Office Address:   |   | Florida  |                               |
|  | (City)  | (Zip Code)   |                               |
| New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent  | eginered Agent:<br>. I am familiar with and t | nccept the obligations of the position.                                |                               |
| Signature of   | New Registered Agent, If a                    | hanging  |                               |

| If amending the Officers and/or Directors, enter the title | and name of each officer/directo | r being removed and title, | , name, and |
|--|----------------------------------|----------------------------|-------------|
| address of each Officer and/ar 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; CBO = 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       | <b>1</b> .      |                      |
|-------------------------------|--------------|----------------|-----------------|----------------------|
| X Remove                      | <u>v</u>     | Mike Ion       | <u>183</u>      | •                    |
| _X Add                        | <u>sv</u>    | Sally Sm       | ith             |                      |
| Type of Action<br>(Check One) | <u>Title</u> |                | Name.           | Address              |
| 1) Change                     | D            |                | Pablo Cichevski | 900 S.W. 8th Street  |
| Nad Nad                       |              | · <del>-</del> |                 | Unit 1110            |
| Remove                        |              |                |                 | Mlami, Florida 33130 |
| 2) Change                     |              | <u>-</u>       |                 |                      |
| Add                           |              |                |                 |                      |
| Remove                        |              |                |                 |                      |
| 3) Change                     |              |                |                 |                      |
| Add                           |              |                |                 |                      |
| Remove                        |              |                | •               |                      |
| 4) Change                     |              |                |                 |                      |
| Add                           |              |                |                 |                      |
| Remove                        |              |                |                 |                      |
| 5) Change                     |              | _              | <u> </u>        |                      |
| Add                           |              |                |                 |                      |
| Remove                        |              |                |                 |                      |
| 6) Change                     |              |                |                 |                      |
| Add                           |              |                |                 |                      |
| Remove                        |              |                |                 |                      |
| TTT VOIDO AS                  |              |                |                 | <del></del>          |

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| mending or adding additional Articles, enter chack additional sheets, if necessary). (He specific)   | ,   |
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| n amondment provides for an exchange, reclassi<br>systions for implementing the amendment if not   | fication, or cancellation of issued shares,   |
| (if not applicable, indicate N/A)  | CONTROLLED IN THE HINCKURENT INCH.  |
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| The date of each amendment(s) adoption: November 4, 2014   | , if other than the |
|--|---------------------|
| date this document was signed.   | <del></del> .       |
| Effective date if applicable: November 4, 2014   | _                   |
| (no more than 90 days after amendment file date)   |                     |
| Adoption of Amendment(s) (CHECK ONE)   |                     |
| The amendment(s) was/were adopted by the shareholders. The number of votes east 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)   |                     |
| 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 shereholder action and shareholder action was not required.   |                     |
| Dated November 4th, 2014   |                     |
| Signature Clarico Clfryon  |                     |
| (By a director president or 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)    | _                   |
| Marisa C. Telfeyan   |                     |
| (Typed or printed name of person signing)  | _                   |
| Director   |                     |
| (Title of person signing)  |                     |