## P12000052821

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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11/03/14--01010--011 \*\*35.00

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of State)	
P12000052821		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following amen	dment(s) te
A. If amending name, enter the new name of the	corporation;	
N/A	. The	new
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	ord "corporation," "company," or "incorporated" or the abbrevia rp," "Inc," or "Co". A professional corporation name must contain	ition
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	ole:	
(Timesput diffice uniters MOST BEASTREET AL	PLANT CITY, FL 33563	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	1908 E. ALSOBROOK ST.	
	PLANT CITY, FL 33563	
D. If amending the registered agent and/or regist new registered agent and/or the new registere	tered office address in Florida, enter the name of the	
Name of New Registered Agent N/A	orite auditos.	
THE STATE OF THE S		
<del></del>	(Florida street address)	
Nan Registered Office Address: N/A	Florida	
New Registered Office Pararess.	(City) (Zip Code)	
New Registered Office Address: NIA	, Florida, Florida	
New Registered Agent's Signature, if changing Roll hereby accept the appointment as registered agent.	egistered Agent: . I am familiar with and accept the obligations of the position.	
Signature of i	New Registered Agent, if changing	

## **COVER LETTER**

TO: Amendment Section

Division of Corporations						
NAME OF CORPO	RATION: NFJ GROU	JP, INC.				
	DOCUMENT NUMBER: P12000052821					
	s of Amendment and fee are su					
		-				
riease return an corre	espondence concerning this ma	itter to the following:				
	TIM A. HAMED,	CPA				
		Name of Contact Perso	n			
	TIM A. HAMED,					
	15310 AMPEDIN	Firm/ Company				
	15310 AMBERLY	Address				
	TAMPA, FL 33647					
		City/ State and Zip Cod	e			
tim	nhamed@yaho.coi	m				
		sed for future annual report	notification)			
For further information concerning this matter, please call:						
TIM A HAMEDat (813 514-290)			514-2905			
Name of Contact Person			de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:						
■ \$35 Filing Fee	□\$43.75 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		Street Address				
Amendment Section Division of Corporations		Amendment Section Division of Corporations				
P.O. Box 6327 Clifton Building			Building			
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301						
Tananassee, PL 32301						

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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add Remove			
2) Change Add			
Remove 3) Change			
Add			
4) Change			
Add Remove			
5) Change	<del></del>		
Remove			
6) Change			
Remove			

(Attach additiona	idding additional Article sheets, if necessary).	(Be specific)			
V/A					
<del> </del>			<del></del>	<u> </u>	
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re t			4:	am afternad thouse	
nrovisions for i	t provides for an exch implementing the amer	ange, rectassifica adment if not con	tained in the ame	ndment itself:	
(if not appli	icable, indicate N/A)			•	
N/A					
		<del> </del>	<del></del>	<u> </u>	
		<u> </u>			

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
Adoption of Amendment(s) (CHECK ONE)	
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 east for the amendment(s) was/were sufficient for approval	
by	
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 10/30/2014	
Signature X L	
(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)	
FADI F. KHAWAJA	
(Typed or printed name of person signing)	_ <b>_</b>
PRESIDENT	
(Title of person signing)	