

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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Prom:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107

Fax Number : (581) 298

(581) 295-8430

Empil Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN AKIRA FLORIDA CORP.

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June 29, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AXIRA FLORIDA CORP. 799 CRANDON BLVD. APT. 208 KEY BISCAYNE, FL 33149

SUBJECT: AKIRA FLORIDA CORP.

REF: P12000091356

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II FAX Aud. #: H17000171113 Letter Number: 217A00013211

## Articles of Amendment to Articles of Incorporation of

	Articles of Incorporation of	
	AKIRA FLORIDA CORP.	
	ion as currently filed with the Florida Dept. of	State)
(1111200) 000 000	P12000091356	
(Dorat	nont Number of Corporation (if known)	<del></del>
rement to the provisions of section 607,1006, Florid Articles of incorporation:	a Statutes, this Florida Profit Corporation adopts	the following amendment(s) to
If amonding name, enter the new name of the co	orporation:	
		The new
me must be distinguishable and contain the worlorp," "Inc.," or Co.," or the designation "Corper association," or the	o," "Inc," or "Co". A professional corporation	d" or the abbreviation
Enter new principal office address; if applicably incipal office address MUST BEA STREET AD.	e: DREST)	
Enter new mailing giftress. (Capplicable: (Mailing address MAY BE A POST OFFICE BO	226	
. If amending the replatered agent and/or registered new registered agent and/or the may registered Name of New Revisiered Agent		f the
	(Florida street address)	<del></del>
	(Florida <del>Sirem Buaress)</del>	
New Registered Office Address:	(Ok)) ; Plo	(Up Code)
en Rechtored Avent's Signature, if champing Re hereby accept the appointment as registered agent.		the position.
Sig	nature of New Registered Agent, if changing	<b>7017</b> JUH 29
	Page 1 of 4	

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:

(Aftach 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	<b>PT</b>	John De	<b>15</b>	
X Remove	Ā	Mike Ic	<u>ifies</u>	
X Add	<u>sy</u>	Sally St	nìth	
Type of Aption (Check One)	.Title		Name	Addresi
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				Suite 200.
Remove				Miami, Florida 33126
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