P12000102861

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PICK-UP	☐ WAIT	MAIL
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DIVISION OF CORPORATIONS
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COVER LETTER

NAME OF CORPORATION: Ab Svensk Reklantinans Inc P12000102861 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company Pweisberg and - com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & ☐\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

Articles of Amendment

to

·	Articles of Incor	poration		4.0
1 (1	of of			6
Ab Suensk	Reklant	ihans -	Inc	(% (§
' '	oration as currently f		orida Dept. of State)	7 8
P 120	00 0286	1		Z.
(C	Ocument Number of C	Corporation (if kr	nown)	TO.
Pursuant to the provisions of section 607.1006, F its Articles of Incorporation:	lorida Statutes, this Fle	orida Profit Cor	poration adopts the fo	llowing amendment
A. If amending name, enter the new name of t	he corporation:			
		N/A		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	Corp," "Inc," or "Co	o". A professio	or "incorporated" or nal corporation name	the abbreviation
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET			PIA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC.)	<u>E BOX</u>)		NIA	
D. If amending the registered agent and/or renew registered agent and/or the new regist		s in Florida, en	ter the name of the	
Name of New Registered Agent				
	(Florida street	t address)		
New Registered Office Address:	···		, Florida	
	(C	lity)		(Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	rent. I am familiar wit	NIA		sition.
	Signature of New Reg	gistered Agent, ij	f 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>	John Doe					
X Remove	\underline{V}	Mike Jones					
X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	<u>Title</u>		_	ı	<u>Addres</u> s		
1)Change	1		Peter We	eisberg	1530	Beach, FL	Suite 100
Add				0	belray	Beach, FL	_33446
Remove							
2) Change			MA				
Add							_
Remove							_ _
3) Change			NL				_
Add					<u> </u>		_
Remove							
4) Change			NIA				_ _
Add							_
Remove							
5) Change			NA				<u> </u>
Add			,				_ _
Remove							
6) Change			NA				
Add							
Remove							
Remove							

If amending or adding a (Attach additional sheets,	if necessary). (Be sp	er change(s) here ecific)	NA		
			,		•
	<u> </u>				
					
				<u></u>	
					• • • • • • • • • • • • • • • • • • • •
					•••
If an amendment provide	des for an exchange, ro	eclassification, or	cancellation of issue	ed shares,	
provisions for impleme (if not applicable, in	enting the amendment ndicate N/A)	<u>if not contained i</u>	n the amendment its	<u>self:</u>	
		/	~ A		
					
				- 112	

The date of each amendment(s) ac	deption:, i	f other than the
date this document was signed.		
Effective date if applicable:	9/19/16	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will not epartment of State's records.	be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved 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	for the amendment(s) was/were sufficient for approval	
by	."	
, <u> </u>	(voling group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	9/19/16	
Signature	ham by	
	lirector, president or other officer - if infectors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	Lenath Agren (Typed or printed name of person signing)	
	(1 yped or printed name of person signing)	
	President	
	(Title of person signing)	