## P131100001358

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Southwyn DOCUMENT NUMBER: P130000073		oration			
The enclosed Articles of Amendment and fee are su	ibmitted for filing.				
Please return all correspondence concerning this matter to the following:					
Ashley Cudworth					
	Name of Contact Persor	1			
	Firm/ Company	<del></del>			
1490 Quarterpath Road 5A #201					
	Address				
Williamsburg V	'A 23185				
	City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please	se call:				
Ashley Cudworth	at (804	413-7400 de & Daytime Telephone Number			
Name of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made	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 Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Southwynd Trading Corporation	OI .	
(Name of Corporation as currently filed w	rith the Florida Dept. of State)	
P1300007358 (Document Number of Corpo	oration (if known)	
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:		wing amendment(s) to
A. If amending name, enter the new name of the corpora	ation:	
Crosswavs, Inc.		The new
name must be distinguishable and contain the word "co".  "Corp.," "Inc.," or Co.," or the designation "Corp.," "In word "chartered," "professional association," or the abbre  B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	nc," or "Co". A professional corporation name mi eviation "P.A."  N/A	e abbreviation ust contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	14 JUN 25 F
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		
Name of New Registered Agent N/A		*** **********************************
New Registered Office Address: N/A	Florida street address) , Florida	
	(City) (Zip Code)	<del></del>
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j		m,

Signature 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 = Chtef Executive Officer; CFO = Chtef 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	
X 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			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add		_	
Remove			
. 🗀			
6) Change			
Add			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
I/A	
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, mdicate N/A)	nument is not contained in the amendment users.
I/A	
· · · · · · · · · · · · · · · · · · ·	

date this document was signed.	, it other than the
Effective date if applicable: July 1st 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 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 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 shareholder action and shareholder action was not required.	
Dated June 23rd 2014	
Signature E. OShly Cohron	_
(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)	
Ashley Cudworth	***
(Typed or printed name of person signing)	
President	
(Title of person signing)	<del></del>