## Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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(((H14000076415 3)))



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Phone : (786)899-2880

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COR AMND/RESTATE/CORRECT OR O/D RESIGN CRISVAL CORP

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3/31/2014

April 3, 2014

## FLORIDA DEPARTMENT OF STATE Division of Corporations

CRISVAL CORP \*\*\*E-FILE\*\*\*JENNIFER SNYDER, PA\*\*\* STE 817 AVENTURA, FL 33180US

SUBJECT: CRISVAL CORP REF: P13000010467

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.

The current name of the entity is as referenced above. Please correct your document accordingly.

There is no period after corp in the name of the above listed corporation.

The officer/director signature on page 4 must be on the line next to the word SIGNATURE.

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.

Tina D Carter Regulatory Specialist

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FAX Aud. #: H14000076415 Letter Number: 714A00007138

Snyder Groisman P.A.

9-Apr-2014 14:12

Articles of Amendment to Articles of Incorporation

	Articles of Incorporation of			
CRISVAL		f dr. ( mangangad th		
(Name of Co/signation as curve	ntly filed with the Florida Dept. of State)			
P130000	10467	~~~~~		
(Document Num	ber of Corporation (if known)			
Pursuant to the provisions of section 607.1006, lits Articles of Incorporation:	Florida Statutes, this Florida Profit Corporation adopts the fo	llowing am	endmer	น(ร) เ
A. If amending name, enter the new name of	the corporation:			
		The	. new	
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation ward "chartered." "professional association,"	e word "corporation," "company," or "incorporated" or "Corp," "Inc;" or "Co". A professional corporation name or the abbreviation "P.A."	the ubbre must conta	viation sin the	
B. Enter new principal office address, if appl	licable:	· · · · · · · · · · · · · · · · · · ·		
(Principal office address Mt/ST BE A STREE	TADDRESS)			
C. Enter new mailing advess, if applicable: (Mailing address MAY SE A POST OFFICE)	ZE BOX)		14	
			25	
D. If amending the registered agent and/or re- new registered agent and/or the new regis	egistered office address in Florida, enter the name of the tered office address:		0	[7]
Name of New Revisiered Agent		ام سام مام		
			÷	
	(Flurida street address)		<u> 5</u>	
New Registered Office Address:	Florida			
The state of the s	(City) (Zip Co	xte)		
New Registered Agent's Signature, if changing the state of the appointment as registered a	<u>is Resistered Agents</u> gent. I am familiar with and accept the obligations of the po	sition.		
Sanatur	on New Registered Appet 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 = Chief Executive Officer, CFO = Sief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Firector 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 P.: John Doe X Remove Mike Jones

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X Add	SY Sally St	nith	
Type of Action (Check One)	<u>Fitte</u>	<u>Name</u>	Address
1) Change	<u>D</u>	Isaac Perelmuter	
Add			
X Remove			
2) Change	_D	Valeria N. Villalba	20900 NE 30th Avenue
X Add			Suite 817
Remove			Aventura, FL 33180
3) Change		***************************************	
Add			<b></b>
Remove			
4) Change	<del></del>	######################################	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Add			
Remove			
5) Change			
Add	orangement		
Remove			
6) Change			
Add			
Remove			******

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(if not applicable, indica	r an exchar the amend te N/A)	Le. reclassification.	d in the amendance	nt itself:	
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Provisions for implementing (if not applicable, indica	the amend	Ke, reclassification.	d in the amendance	nt itself:	

*3....* . ....

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
Effective date if applicable:		
Cherrie and it applicable.	(no more than 90 days after amendment file date)	<del></del> -
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes east for the amendment(s) licient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
loy	(voting group)	
<u> </u>	sted by the hoard of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	nted by the incorporators without shareholder action and shareholder	
Dated	all, 2014	
Signature		
selected,	ector, president or other officer - if directors or officers have not been by an incorporator - if in the hands of a receiver, trustee, or other court of fiduciary by that fiduciary)	
***	VALENA VILLALBA	·taar
	(Typed or printed name of person signing)	
	Title of person signing)	
	(Title of person signing)	