

P13000037632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

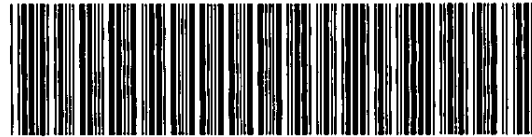
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

FEB 18 2014

EXAMINER



CHANGE OF RESPONSIBLE PARTY

Shelly Yehuda
ARGON TECHNOLOGIES INC.
14072 NW 82nd Ave.
Miami Lakes, FL 33016

February 14, 2014

To whom it may concern:

Regarding Argon Technologies Inc, Document number P13000037632,

As of Friday 02/14/14, Shelly Yehuda is no longer affiliated with the company. Please remove her name from the account and end her relationship with the company. Moving forward, Emil Soffer is the new Owner/President/Responsible Party.

Thank you,

A handwritten signature in black ink, appearing to read "Shelly Yehuda".

Shelly Yehuda
Argon Technologies Inc.
Tel (305) 577-3538
Shelly@ArgonTechnologies.com

A handwritten signature in black ink, appearing to read "Emil Soffer".

Emil Soffer
Argon Technologies Inc.
Tel (305) 577-3538
Emil@FairPriceCorp.com

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ARGON TECHNOLOGIES INC

DOCUMENT NUMBER: P13000037632

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EMIL SOFFER
Name of Contact Person

ARGON TECHNOLOGIES INC.
Firm/ Company

14072 NW 82ND AVE
Address

MIAMI LAKES, FL 33016
City/ State and Zip Code

ACCOUNTING@FAIRPRICECORP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMIL SOFFER at (305) 577-3538
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

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

APPROVED
AND
FILED

14 FEB 18 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

ARGON TECHNOLOGIES INC
(Name of Corporation as currently filed with the Florida Dept. of State)

P13000037632
(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

(NO CHANGE) The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

(NO CHANGE)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

(NO CHANGE)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent EMIL SOFFER
14072 NW 82nd AVE.
(Florida street address)

New Registered Office Address: MIAMI LAKES, Florida 33016
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

x

[Signature]
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 = 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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>EMIL SOFFER</u>	<u>14072 NW 82nd AVE</u> <u>MIAMI LAKES, FL 33016</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>SHELLY YEHUDA</u>	<u>14072 NW 82nd AVE</u> <u>MIAMI LAKES, FL 33016</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

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AND
FILED

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Effective date if applicable: 2/14/14
(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 2/14/14

Signature



(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)

EMIL SOFFER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)