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FILED 14 APR -3 PH 2: 00 SECRETARY OF STATE FALLAHASSEE, FLORIDA

APR 0 8 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ANGELLOCS INC

DOCUMENT NUMBER: P13000056300

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

Please return all correspondence concerning this matter to the following:

Cheikh Mboup

Name of Contact Person

ANGELLOCS INC

Firm/ Company

Address

421 West Church Street, Suite 613

Jacksonville, FL 32202

City/ State and Zip Code

ligueye@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheikh Mboup

Name of Contact Person

at (718) 749-7444 Area Code & Daytime Telephone Number

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

\$35 Filing Fee

Certificate of Status

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 Tailahassee, FL 32314 Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

	Articles of a	Amendment		a Carne L rear	date -	
	te Articles of In o	corporation		14 APF	R-3 PI	1 2: 0(
ANGELLOCS INC	U	I		SECRET	ARY UF	MATE
(Name of Corporation a	s currently filed with the	Florida Dept. of Sta	<u>te</u>)	JALLAN		
P13000056300						
(Docume	ent Number of Corporation (i f known)			—	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corp	oration ado	pts the follow	ing amendm	ent(s) to
A. If amending name, enter the new n	ame of the corporation:					
"Corp., " "Inc., " or Co., " or the design word "chartered, " "professional associa B. Enter new principal office address.	ation," or the abbreviation			-		t
word "chartered," "professional associd B. <u>Enter new principal office address</u> (Principal office address <u>MUST BE A S</u> C. <u>Enter new mailing address, if appl</u>	ntion, " or the abbreviation if applicable; STREET ADDRESS)					e
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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. <u>AHER</u> + WOH, P.A. Signature of New Registered Agent, if changing

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:

(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	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	Name	Address
1) Change	<u>v</u>	Dewayne N. Hayes	
Add			<u></u>
Remove			
2) Change	VTD	Cheikh Mboup	421 West Church Street
Add			Suite 613
Remove			Jacksonville, FL 32202
3) Change	VSD	Chevron Green	6860 Arlington Expressway
Add			Jacksonville, FL 32211
Кеточе			·····
4) Change	~ <u>CEO</u>	Dorothy R. Smith	
Add			·····
Remove			
5) Change	PD	Dorothy R. Smith	6860 Arlington Expressway
Add			Jacksonville, FL 32211
Remove			
6) Change			
Add	<u> </u>		
Remove			

lf amend	<u>ling or adding a</u>	dditional Artic	ics, enter cha	nge(a) here:			
Attach a	dditional sheets,	if necessary).	(Be specific)	in and the second second			
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an ame	ndment provide	es for an exchar	age, reclassifi	cation, or can	cellation of iss	ed shares.	
Inovisio:	ns for Implement ot applicable, inc	iting the amend	lment if not e	ontained in the	e amendment i	tself:	
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The date of each amendment(s) adoption: January 14, 2014	, if other than the
date this document was signed.	
Effective date if applicable: January 14, 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	
(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)	
Dorothy R. Smith	_
(Typed or printed name of person signing)	
CEO	

) . .

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(Title of person signing)

SECRETARY OF STATE TALLAHASSEE, FLORIDA 14 APR -3 PH 2:00 entry of the second sec