# P13000091756

| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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12/17/13--01017--004 \*\*35.00

SECRETARY OF STATE

APPROVED AND FILED

C. LEWIS
DEC 3 0 2013
EXAMINER

#### **COVER LETTER**

| Division of Corporations            |   |
|-------------------------------------|---|
| NAME OF CORPORATION: ZA ZA GAME INC |   |
| DOCUMENT NUMBER: P13000091756       | - |

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

TO: Amendment Section

Please return all correspondence concerning this matter to the following:

Name of Contact Person

MIN BAE CPA INC

Firm/ Company

10151 DEERWOOD PARK BLVD BLDG 200 STE 250

Address

JACKSONVILLLE, FL 32256

City/ State and Zip Code

## MINBAE@COMCAST.NET

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

For further information concerning this matter, please call:

| MIN BAE                 |                                             | at 904                                                             | 864-2588                                                                               |
|-------------------------|---------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Name o                  | f Contact Person                            | Area Co                                                            | de & Daytime Telephone Number                                                          |
| Enclosed is a check for | the following amount made                   | payable to the Florida Depa                                        | artment 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

#### Street Address

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

APPROVED

### **Articles of Amendment** Articles of Incorporation of

13 DEC 17 PH 3: 39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

# ZA ZA GAME INC

(Name of Corporation as currently filed with the Florida Dept. of State) D13000001756

endment(s) to

| (Dogument Number                                                                                   | of Corporation (it known)            |                                   |                 |
|----------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------|-----------------|
| (Document Number                                                                                   | of Corporation (if known)            |                                   |                 |
| Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:                 | rida Statutes, this <i>Florida I</i> | Profit Corporation adopts the fo  | llowing amendme |
| A. If amending name, enter the new name of the                                                     | corporation:                         |                                   |                 |
| name must be distinguishable and contain the                                                       | ward "cornaration" "con              | when " or "incorporated" or       | The new         |
| "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t | orp," "Inc," or "Co". A              |                                   |                 |
| B. Enter new principal office address, if applica                                                  | ble:                                 |                                   |                 |
| (Principal office address <u>MUST BE A STREET A</u>                                                | DDRESS )                             |                                   |                 |
|                                                                                                    |                                      |                                   |                 |
|                                                                                                    |                                      |                                   |                 |
| C. Enter new mailing address, if applicable:                                                       |                                      |                                   |                 |
| (Mailing address MAY BE A POST OFFICE)                                                             | <u>BOX</u> )                         |                                   | <del></del>     |
|                                                                                                    |                                      |                                   |                 |
|                                                                                                    |                                      |                                   |                 |
|                                                                                                    |                                      |                                   | <del></del>     |
| D. If amending the registered agent and/or registered agent and/or the new registered.             |                                      | orida, enter the name of the      |                 |
|                                                                                                    | ou office address.                   |                                   |                 |
| Name of New Registered Agent                                                                       |                                      |                                   |                 |
|                                                                                                    |                                      |                                   |                 |
|                                                                                                    | (Florida street addres               | 55)                               |                 |
| New Registered Office Address:                                                                     | (City)                               | , Florida(Zip Co                  |                 |
|                                                                                                    | (City)                               | (Zip Co                           | de)             |
|                                                                                                    |                                      |                                   |                 |
| New Registered Agent's Signature, if changing F                                                    | Registered Agent                     |                                   |                 |
| I herehy accept the appointment as registered agen                                                 | t. I am familiar with and a          | accept the obligations of the pos | ition.          |
|                                                                                                    |                                      |                                   |                 |
|                                                                                                    |                                      |                                   |                 |

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 <math>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                      | $\underline{sv}$ | Sally Smith   |                       |
| Type of Action (Check One) | <u>Title</u>     | <u>Name</u>   | <u>Addres</u> s       |
| 1) Change                  | Р                | CHAE IM JEONG | 2150 SPENCER RD APT 2 |
| ✓ ∧dd                      |                  |               | ORANGE PARK           |
| Remove                     |                  |               | FL 32073              |
| 2) Change                  |                  |               |                       |
| Add                        |                  |               |                       |
| Remove                     |                  |               |                       |
| 3) Change                  |                  |               |                       |
| Add                        |                  |               |                       |
| Remove                     |                  |               |                       |
| 4) Change                  |                  |               |                       |
| Add                        |                  |               |                       |
| Remove                     |                  |               |                       |
| 5) Change                  |                  |               |                       |
| Add                        |                  |               |                       |
| Remove                     |                  |               | <del></del>           |
| 6) Change                  |                  |               |                       |
| Add                        |                  |               |                       |
| Remove                     |                  |               |                       |

## APPROVED AND FILED

| , , , ,                                                                                | 13 DEC 17 PM 3: 39                                                                                                                                     |                     |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| The date of each amendment(s) adoption: date this document was signed.                 | SECRETARY OF STATE TALL AHASSEE, FLORIDA                                                                                                               | , if other than the |
| Effective date if applicable:                                                          | TALL AHASSEE, FLORIDA                                                                                                                                  |                     |
| Effective date if applicable:                                                          | (no more than 90 days after amendment file date)                                                                                                       | _                   |
| Adoption of Amendment(s) (CH                                                           | IECK ONE)                                                                                                                                              |                     |
| The amendment(s) was/were adopted by the by the shareholders was/were sufficient for a | shareholders. The number of votes cast for the amendment(s) approval,                                                                                  |                     |
|                                                                                        | e shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):                                   |                     |
| "The number of votes cast for the ame                                                  | ndment(s) was/were sufficient for approval                                                                                                             |                     |
| by                                                                                     | ting group)                                                                                                                                            |                     |
| (ro                                                                                    | ting group)                                                                                                                                            |                     |
| The amendment(s) was/were adopted by the action was not required.                      | board of directors without shareholder action and shareholder                                                                                          |                     |
| The amendment(s) was/were adopted by the action was not required.                      | incorporators without shareholder action and shareholder                                                                                               |                     |
| Dated 12/11/13                                                                         |                                                                                                                                                        |                     |
| Signature                                                                              | et Team                                                                                                                                                |                     |
| (By a director, pres                                                                   | sident or other officer if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court y by that fiduciary) | _                   |
| CHAE IN                                                                                | M JEONG                                                                                                                                                |                     |
|                                                                                        | (Typed or printed name of person signing)                                                                                                              | <del></del>         |
| PRESID                                                                                 | ENT                                                                                                                                                    |                     |
| <del></del>                                                                            | (Title of person signing)                                                                                                                              |                     |