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COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION:	HAPPY KID	SINC
DOCUMENT NUMBER:	/ / / 13.000	0100439
The enclosed Articles of Amendment a	and fee are submitted for filing	
Please return all correspondence conce	rning this matter to the follow	ng:
	LENE PE Name of Con	RSHADSTNGH lact Person
<i>F</i>	APPY KID	S INC mpany
419	9 CANIND	CT
W	ESLEY CHI	APEL, FL 33543
<u>OTSCO</u> E-mail addi	VERYPOTNT.	34 @ GMATL . COM ual report notification)
For further information concerning this	matter, please call:	
Jolene REASHA Name of Contact Person		813 385-2223 Area Code & Daytime Telephone Number
Enclosed is a check for the following a	mount made payable to the Flo	orida Department of State:
☐ \$35 Filing Fee ☐\$43.75 File Certificat	iling Fee & S43.75 Filin e of Status Certified Co (Additional cenclosed)	py Certificate of Status copy is Certified Copy
Mailing Address		Street Address
Amendment Section		Amendment Section
Division of Corporat	ions	Division of Corporations
P.O. Box 6327 Tallahassee, FL 3231	4	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation	FILLED		
HAPPY KIDS INC	2017 DEC -8	AM 10: 18	
(Name of Corporation as currently filed with the Florida Dept	. of State)		
/ PIBOOO100439		. F. C. C.	
(Document Number of Corporation (if known)		 ,	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> ad its Articles of Incorporation:	opts the following ame	ndment(s) to	
A. If amending name, enter the new name of the corporation:			
	Th.,	new	
name must be distinguishable and contain the word "corporation," "company," or "incorpo. "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corpora word "chartered," "professional association," or the abbreviation "P.A."	rated" or the abbrevi	ation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		_	
D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address: Name of New Registered Agent	e of the	_	
			
(Florida street address)			
New Registered Office Address:	Florida		
(Cir.)	(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		
	ој ше розшол.		

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	<u>V</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One) 1) Change Add	Title	Name RAMESH	PERSHADS1	Address NGH 4199 CANZNO CT WESLEY CHAPEL
Remove				3L / 33543
2) Change Add Remove				
3) Change Add Remove	<u></u>			
4) Change Add				
Remove	 ,			
Add Remove				
6) Change Add				
Remove				

	•	essary). (Be specific)	14	011.40-	
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f an amen	dment provides fo	r an exchange, reclassifica	tion, or cancellation o	of issued shares,	
provision	s for implementing	the amendment if not con			
(ij noi	t applicable, indicat	e N/A)			
	50%	SHARES	TOLENA	E PERSHI	10 STNG
	/			7 101.00.71.	
 		<u> </u>	<u></u>		
	50%	SHARES	KAMESH	I PELSIA	DSINC
	- /				
		•	- · · · ·	· · · ·	
		 .		 	
			72 78	 	

The date of each amendment(s) adoption:	, if other than the
late this document was signed. Offective date if applicable: Offective date if applicable:	0/7
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendr by the shareholders was/were sufficient for approval.	nent(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following st 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 RAMESH KELSHALSTN GH AND TOLENE (voting group)	- PERSHADSINGI
The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	holder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	er
Dated	
(By a director, president or other officer - if directors or officers have not	
selected, by an incorporator – if in the hands of a receiver, trustee, or other	court
appointed fiduciary by that fiduciary)	1
KAMESH YERSHADSING	.11
(Typed or printed name of person signing)	
MESIDENT	
(Title of person signing)	