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Amd MAR 06 2014 R. WHITE

COVER LETTER

Division of Corporations	
NAME OF CORPORATION: NAME OF CORPORATION	UAF INC.
DOCUMENT NUMBER: P140	16000 6972
The enclosed Articles of Amendment and fee are	e submitted for tiling.
Please return all correspondence concerning this	matter to the following:
Micha	
Michae	Name of Contact Person KRAINTE + Associates Tic
4741	Hollywood BlvD # 104
1000 March	wood FL 33021
E-mail address: (to b	City/ State and Zip Code KRAV 11908 (Ao C. COM) e used for future annual report notification)
For further information concerning this matter, p	
Michael KRAVAT	12 at 954, 987-6934
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
□ \$35 Filing Fee Certificate of Statu	
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

•	Articles of Amendment	FLED	
	Articles of Incorporation of	14 MAR -5 AE 11: 18	
NAQUAR	Inc.	SECH CANAL AND AND	
(Name of Corporation as curre	ently filed with the Florida Dept.	of State WIADOEL, FLORIDA	
P14000	000 6972		
(Document Num	ther of Cornoration (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:

ne must be distinguishable and contain the corp." "Inc.," or Co.," or the designation "Cod" chartered," "professional association," or	orp," "Inc," or "Ca". A pro-		
Enter new principal office address, if application in the second second incipal office address MUST BE A STREET A		NIT	
metpar office address <u>most be a street t</u>			
		1110	
	Date.	ν	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>B()X</u>)	MIH	
	<u>BOX</u>)	MIT	
(Mailing address <u>MAY BE A POST OFFICE</u>		MI(+)	e of the
(Mailing address <u>MAY BE A POST OFFICE</u> If amending the registered agent and/or regi	istered office address in Flor	MI(+)	e of the
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or regi	istered office address in Flor	MI(+)	e of the
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or reginew registered agent and/or the new registered.)	istered office address in Flor	ida, enter the nam	e of the
(Mailing address MAY BE A POST OFFICE If amending the registered agent and/or regineral new registered agent and/or registered agent and/or the new registered.)	istered office address in Flori red office address: \(\rightarrow \left/ \rightarrow \right\)	ida, enter the nam	e of the

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:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11, 11, 11, 11, 11, 11, 11, 11, 11, 11,			
X Change	<u>PT</u> <u>John</u>	Doe			
X Remove	<u>V</u> <u>Mike</u>	Jones			
X Add	<u>SV</u> <u>Sally</u>	Smith			
Type of Action (Check One)	<u>Title</u>	Name		<u>Addres</u> s	
1) Change	9	DAVID	Reiss	2854 Mour	ne St
Add		DRVID		Hollywood	1 FL33020
Remove					
2) Change	VP	Victor Au	Go Fernancez	Reiss 2854	MonroeSt
Add				Nelly	MonroeSt wod Fr.33020
Remove			a into Train.	0-01-200	14-10-06+
3) Change		INALS DY	gus in reinin	4 10 00 .	+ Hourvest od FC 33020
Add				Megus	BU TC 35020
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove	•				
6) Change					
Add					
Remove					

f amending or adding additional stack additional sheets, if necessal	ry). (Be speci	fic)	·		
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		7/17			
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an amendment provides for an provisions for implementing the	exchange, recla	assification, or	cancellation o	fissued shares,	
(if not applicable, indicate N			. The amendin	<u> </u>	
	ν	14			
					

The date of each amendment(s) adoption: 2 125114	if other than the
date this document was signed.	
Effective date if applicable: 2 12 11 (no more than 90 days after amendment file date)	<u>—</u>
(no more than 50 days after amenament 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 east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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 $\frac{Mag/1^{st}/2014}{9}$	
Signature	
(By a director, president or other officer - if directors or officers have not been	<u> </u>
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
DAVID Reiss	
(Typed or printed name of person signing)	
President	
(Title of person signing)	