P14000012977

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14 FEB 24 PM 2: 20 SECRETARY OF STATE TALL MAY SEPT. PLORID

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C. LEWIS
FEB 2 5 2014
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SOUTH BE	REEZ CORPOR	ATION	
DOCUMENT NUM	BER: P1400001297	77		
	of Amendment and fee are su			
Please return all corre	spondence concerning this ma	atter to the following:		
	ROSANNE RUTI	NIK		
		Name of Contact Person	1	
	ROSANNE RUTN	IK BOOKKEEPIN	G & TAX SERVICES	
		Firm/ Company		
	5616 SHANNON	DR		
		Address		
	FORT PIERCE F	L 34951		
		City/ State and Zip Cod	e	
RC	SANNERUTNIK@	MACL COM		
		sed for future annual report	notification)	
	`	-1	····· ,	
For further information	n concerning this matter, pleas	se call:		
ROSANNE RUTNIK _{at (} 772) 332-6381				
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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)	
Ame Div	iling Address endment Section ision of Corporations . Box 6327	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	

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Articles of Amendment to Articles of Incorporation

14 FEB 24 PM 2: 21

SOUTH BREEZ CORPORATION

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

SECRETARY OF STATE TALL AHASSEE, PLORIDA

P14000012977		,	175121	
(Documen	t Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Flo	orida Profit Corporation ac	dopts the following	g amendment(s) to
A. If amending name, enter the new na	me of the corporation:			
N/A				The new
name must be distinguishable and come "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or "Co	". A professional corpore	orated" or the all ation name must c	obreviation contain the
D. Enter now principal office address	if annlicable:	N/A		
B. Enter new principal office address, (Principal office address MUST BE A S		**************************************		
			<u> </u>	
C. Enter new mailing address, if appli	cable:	N/A		
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			-
				•
	1/ 1/ 1/09///33///			•
D. If amending the registered agent an new registered agent and/or the new		s in Fiorida, enter the hai	ne or the	
Name of New Registered Agent	MOHAMMED A N	IANNAN		
2091 SW GATLIN		N BLVD	-	
	(Florida street		-	
New Registered Office Address:	PORT ST LUCIE	Florida	34953 (Zip Code)	
New Registered Office Nauress.	(City)	, 1101144	(Zip Code)	•
				•
New Registered Agent's Signature, if c	hanging Degistered Agent:			
I hereby accept the appointment as regist	ered agent. I am familiar wit	h and accept the obligation	s of the position.	
x man	moran			
Si	gnature of New Registered Ag	ent, 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.

X Change	PT Jo	ohn Doe		
X Remove	<u>У</u> <u>М</u>	Mike Jones		
X Add	SV SE	ally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	<u>P</u>	MOHAMMED A MANNAN	2091 SW GATLIN BLVD	
Add			PORT ST LUCIE,FL 34953	
Remove				
2) Change	P	MOHAMMED MANANA	2091 SW GATLIN BLVD	
Add			PORT ST LUCIE,FL 34953	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				
i i Keminye				

ra.	cessary). (Be specific)	ł	
/A			
			
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	<u></u> -		
		fication or concellatio	n of issued shares
If an amendment provides fo	r an exchange reclassi		
If an amendment provides fo	r an exchange, reclassi the amendment if not	contained in the amen	dment itself:
If an amendment provides fo provisions for implementing (if not applicable, indicat	the amendment if not	contained in the amen	dment itself:
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provisions for implementing (if not applicable, indicate	the amendment if not	contained in the amen	dment itself:

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The date of each amendment(s) adoption:	02/19/2014	, if other than the
date this document was signed.	14 FEB 24 PM 2: 21	, o a.e. a.a
Effective date if applicable: 02/19/201	4 SECRETARY OF STATE	
	(no more than 90 days after amenament file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) for approval.	
	the shareholders through voting groups. The following statementing group entitled to vote separately on the amendment(s):	ut
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by N/A	.,,	
•	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated 02/19/2014		
Signature X	EMPA	
	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court	
	iary by that fiduciary)	
MOHA	AMMED MANNAN	
	(Typed or printed name of person signing)	
Р		
 	(Title of person signing)	