P14000018862

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14 APR -7 PM 1:31
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

APR 1 0 2014 C. CARROTHERS

COVER LETTER

Division of Corporations DOCUMENT NUMBER: \bigvee The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Area Code & 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

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

to
Articles of Incorporation
of

FILED

U.S. Pak-N-Ship/Postal Plu	15 InCo 14 APR-7	PM 1:31
(Name of Corporation as currently filed with the Florida Dept		198 - 12 FE
P1400018862	JALLAHASSE	E. FLORIDA.
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pro</i>	fit Corporation adopts the following	g amendment(s) to
its Articles of Incorporation:	_	
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation," "compa" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A proword "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable:	ny, or incorporated or the ab Jessional corporation name must c	oreviation ontain the
(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 Flori	da, enter the name of the	
new registered agent and/or the new registered office address:	· o i = =	
Name of New Registered Agent DNENE VO	<u> 1510e</u> ,	
9850 sardal	fort Blid	
(Florida street address)	<u>4001 0</u> 100	
New Registered Office Address: Poca Paton	, Florida 33428	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar with and acc	rept the obligations of the position.	
Cianalana Allan Dariana I A a A A		
Signature of New Registered Agent, if cha	nging	

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> <u>Mike</u>	Jones	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Jeremy voisine	8117 Severn Or
Add Remove			Roca Raton, FI-33433
2) Change			
Add Remove			***************************************
3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
D'ease remove Jeremy voisine from
articles of Incorporation as
Vice presidento
Please change my address
Connielle volsine to mu
business address Each address
on articles of Incorporation
Should read as follows:
9850 Sandalfoot Blod
Boca Paton, F1.33428
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(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 4-4-14	
Signature Danielle Wisne	
(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)	
appointed frauetary by fract frauetary)	
Danieve Voisine	
(Typed or printed name of person signing)	
Prosident	
(Title of person signing)	•

SECRETARY OF SINE