P14000024223

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SECRETARY OF SHATE STATE OF SHATEONS

C. Lewis 14

COVER LETTER

NAME OF CORPORATION: KOVAION CONSULTING INC DOCUMENT NUMBER: P14000024223				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
SEEMA JAIN				
Name of Contact Person				
AXIOM BUSINESS CONSULTING LLC				
Firm/ Company				
13234 TELECOM DRIVE				
Address				
TAMPA, FL 33637				
City/ State and Zip Code				
SJCPA@AXIOMBUSINESSCONSULTING.COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				

Name of Contact Person Area Code & Daytime To Enclosed is a check for the following amount made payable to the Florida Department of State:

■ \$35 Filing Fee & Certificate of Status

SEEMA JAIN

TO: Amendment Section

Division of Corporations

□\$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

Articles of Amendment Articles of Incorporation



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KOVAION CONSULTING INC

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

P14000024223

(Document Number of Corporation (if known)

nent(s) to

A. If amending name, enter the new name of the co	orporation:		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	," "Inc," or "Co". A pro		he abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
D. If amending the registered agent and/or register new registered agent and/or the new registered		da, enter the name of the	
Name of New Registered Agent		<u>. </u>	
	(Florida street address)		
New Registered Office Address:	(Citv)	Florida(Zip Code	
	(0.0)	(24)	7

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)

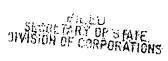
Please note the officer/director title by the first letter of the office title:

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 Doc				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s			
1) Change	Р	NANDAKUMAR	12, KINGSCOTE ROAD			
Add		PALANI GOUNDER SIVASWAMY	NEW MALDEN			
Remove			KT3 3HL, UK			
2) Change	Р	NANADA K SIVASWAMY	21 FAIRACRE			
Add			ACACIA GROVE			
Remove			NEW MALDEN, SU			
3) Change						
Add						
Remove						
4) Change						
Add						
Remove			·			
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

(Attach additional :	sheets, if necessary).	(Be specific)			
 I/A					
/ /					
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	190 · · · · · · · · · · · · · · · · · · ·			***	
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<u> </u>					
					
provisions for in	provides for an exchaplementing the amenable, indicate N/A)	inge, reclassificati dment if not conta	on, or cancellation ained in the amendr	of issued shares, nent itself:	
/A					
					· · · · · ·
			······································		



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The date of each amendment(s) adoption: 09/01/2014	, if other th
date this document was signed.	
Effective date <u>if applicable</u> : 03/14/2014	
(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 east for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting giotips. 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	
hy	
by	
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 was not required.	
Dated05~5EP~2014-	
Signature PS Danda Kuma.	
(By a director, president or other other - it directors or officers have not been	
sciented, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
NANDAKUMAR PALANI GOUNDER SIVASWAMY	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	