### Florida Department of State

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## ANNIE MUNIZ & ASSOCIATES EVENT AND WEDDING PLANNERS

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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: ANNIE MUNIZ	& ASSOCIATES EVENT AND WE	DDING PLANNERS INC.
DOCUMENT NU	MBER:	P14000026559	
The enclosed Artic	cles of Amendment and tee a	are submitted for filing.	
Please return all co	orrespondence concerning thi	is matter to the following:	
		melda Vasquez of Contact Person)	· · · · · · · · · · · · · · · · · · ·
	·		
		_egalzoom.com, Inc. rm/ Company)	
<del></del> -	100 W.	Broadway Suite 100 (Address)	
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<del></del>		endale, CA 91210 state and Zip Code)	·····
For further inform	ation concerning this matter,	please call:	
(Nam	Imelda Vasquez te of Contact Person)	at ( <u>323</u> ) <u>962-860</u> (Area Code & Daytim	0 x7950 te Telephone Number)
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	nt Section f Corporations	Street Address Amendment Section Division of Corporations	
P.O. Box 6 Tallahasse	6327 e, FL 32314	Clifton Building 2661 Executive Center C	Circle

SECRETARY OF STATE TALLY MASSES TO ORIDA

Articles of Amendment to Articles of Incorporation

14 APR 28 AH 10: 16

# ANNIE MUNIZ & ASSOCIATES EVENT AND WEDDING PLANNERS INC. (Name of Corporation as currently filed with the Florida Dept. of State)

P14000026559	
(Document Number of Corporation (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:

#### A. If amending name, enter the new name of the corporation:

	applicable:	3016 Camino Real Dr.	····
ipal office address <u>MUST BE A STR</u>	REET ADDRESS )	Kissimmee, FL 34744	
nter new mailing address, if applica		2046 C	
(Mailing address <u>MAY BE A POST OF</u>	FFICE BOX)	3016 Camino Real Dr.	
		Kissimmee, FL 34744	
amonding the resistand agent and/	on manistered office	adduses in Florida ant	on the name of th
amending the registered agent and/owww.egistered agent and/or the new r			er the name of th
Name of New Registered Agent:			_
	3016 Camino R	Real Dr.	
New Registered Office Address:	(Flor	ida street address)	<del></del>
New Registered Office Address.			
New Registered Office Address.	Kissimmee		Florida 34744
New Negisterea Office Address.	Kissimmee	(City)	, Florida 34744 (Zip Code)

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)

<u>Title</u>	<u>Name</u>	Address_	Type of Action
			Add Remove
			☐ Add ☐ Remove
			[7] T)
	Please update the address of all the office	ers and directors to:	
provisi	mendment provides for an exchange, reons for implementing the amendment is of applicable, indicate N/A)	eclassification, or cancellation f not contained in the amend	n of issued shares, iment itself:

Th	e date of each amendment	adoption: 4/9/2014	
Eff	fective date if applicable:		
		no more than 90 days after umendment file date)	
Ad	option of Amendment(s)	(CHECK ONE)	
0	The amendment(s) was/wer by the shareholders was/we	adopted by the shareholders. The number of votes cast for the amendment(sufficient for approval.	5}
	The amendment(s) was/wer must be separately provided	approved by the shareholders through voting groups. The following statemer for each voting group entitled to vote separately on the amendment(s):	ent
	"The number of votes of	st for the amendment(s) was/were sufficient for approval	
	by	**	
	•	coling group)	
0	The amendment(s) was/wer action was not required.	adopted by the board of directors without shareholder action and shareholde	er:
	The amendment(s) was/wer action was not required.	adopted by the incorporators without shareholder action and shareholder	
	Dated 4-	4-14	
	Signature	Jare a. muiz	
	(By selec	director, president or other officer—if directors or officers have not been ed, by an incorporator—if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
		Jose A. Muniz	
		(Typed or printed na e of person signing)	
		President	
		(Title of person signing)	