Division of Corporations

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Florida Department of State

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Division of Corporations

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From:

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Account Number : 120090000059 Phone : (786)380-3472 Fax Number : (786)320-6879

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C. CARROTHERS

COVER LETTER

TO: Amendment Sect Division of Corp					
NAME OF CORPO	RATION: Flying Zone	e Inc			
DOCUMENT NUMI	_{BER:} p1400002669	3			
	of Amendment and fee are su				
Please return all corre	spondence concerning this ma	tter to the following:			
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		Name of Contact Person	n		
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DV	IR@BELLSOUTH				
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For further information	n concerning this matter, pleas	se call:			
DVIR DERHY		_{at (} 786	, 3803472		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:		
335 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)		
Mailing Address		Street	Address		
Amendment Section		Amendment Section			
	sion of Corporations Box 6327		on of Corporations		
	BOX 6327 ahassee, FL 32314		Building xecutive Center Circle		
1 0176	m:nov**;		ussee, FL 32301		

State State

Articles of Amendment to Articles of Incorporation 14 AUG 25 AH 9: 50 SECRETARY CONSTRUCTION

(Name of Corporation as currently filed with the Florida Dept. of State) P14000026693 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following at its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abore "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co", A professional corporation name must conword "chartered." "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Aventura, FL 33180 C. Enter new mailing address MAY BE A POST OFFICE BOX) Aventura, FL 33180 D. If amending the repistered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address)	ADA
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new registered agent and/or the new registered office address: Name of New Registered Agent	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida,	
(City) (Zip Code)	
•	
New Registered Agent's Signature, if changing Registered Agent;	

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:

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.

X Change	PI	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Р	Altit Alain	3300 NE 191st St
Add			Aventura, FL 33180
Remove			
2) Change	р	Moshe Naor	20201 E Country Club Dr
Add			APARTMENT 903
Remove			Aventura, FL 33180
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ach additional sheet	is, if necessary).	(Be specific)			
					
 					
					
				<u></u>	
					
					
					
n amendment prov pvisions for implem (if not applicable,	nenting the amen	nge, reclassificat dment if not con	ion, or cancella sained in the am	tion of issued shendment itself:	ares,
			<u></u>		

The date of each amendmedate this document was sign	ent(s) adoption: <u>08/22/2014</u> and.	_, if other than the
Effective date if applicable		
Checure date it apparatus	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s	(CHECK ONE)	
	were adopted by the shareholders. The number of votes cast for the amendment(s) /were sufficient for approval.	
	were approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):	
"The number of vo	tes cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/v action was not required.	were adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/v action was not required.	were adopted by the incorporators without shareholder action and shareholder	
Dated_08	1/22/2014	
Signature	Moshe Naor	
	(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)	
	Moshe Naor	
	(Typed or printed name of person signing)	_
	President	
	(Title of person signing)	_