## P14000027563

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	rion: Max	i boy inc.			
DOCUMENT NUMBER	DILLO	10027563			
The enclosed Articles of A	Amendment and fee are sul	omitted for filing.			
Please return all correspon	ndence concerning this mat	ter to the following:			
		Hadi Barak	4+		
_		Name of Contact Person			
		7 0 - ۸ م	- 1		
	Maxi Bon Inc. Firm/Company				
	rimy Company				
	Jacksonville, FC 32207				
		Address	/		
	Jacksonville FC 32207				
		City/ State and Zip Cod	e		
	E-mail address: (to be us	ed for future annual report	notification)		
For further information co	oncerning this matter, pleas	e call:			
Hadi	Barakat	at ( 904	de & Daytime Telephone Number		
Name of C	Contact Person	Area Co	de & Daytime Telephone Number		
_	e following amount made p				
\$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)		
Mailing	g Address	Street	Address		
Amend	ment Section	Amendment Section			
Division of Corporations		Division of Corporations			

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

to Articles of Incorporation

FILLED SECRETARY OF STATE DIVISION OF CORPORATIONS
DIVISION OF CORL CHARLES

	of	n por acton	<b>0</b> ,	(O. I
Mad	ri Boy	. Inc.	15 FEB 2	4 PM12: L
(Name of Corporation as currentl	y filed with the Fl	orida Dept. of State)		
	DILLA	0002756	3	
(Document Number	of Corporation (if			
Pursuant to the provisions of section 607.1006. Flo	rida Statutes, this I	Florida Profit Corporation :	adopts the following a	nendment(s) t
A. If amending name, enter the new name of the	e corporation:			
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the comments of the control	orp," "Inc," or "(	Co". A professional corpor	porated" or the abbr	
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		4211 Philli	ips Hwy e, PL 3220	7
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i> )			
D. If amending the registered agent and/or reginew registered agent and/or the new register  Name of New Registered Agent			me of the	
<del></del>	(Florida stre	et address)	_	
New Registered Office Address:		, Florid	a	
New Registered Office reducess.	(City)	,1 101104	(Zip Code)	
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	nt. I am familiar w		ns of the position.	
Signature oj	f New Registered A	gent, 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	<u>PT</u> <u>Jot</u>	hn Doe	
X Remove	<u>V</u> <u>Mi</u>	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	Ily Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	v P	George Kassis	3509 Adams Walk Dr. Jacksonville, FL 3220
Remove  2) Change	vP	Fadi Barakat	8234 Hedgewood Dr
Remove 3) Change			Jacksonville, FL 32216
Remove 4) Change			
Remove  5) Change Add			
Remove 6) Change			
Add			

an amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	tach <i>additional sheets, if ne</i>	<mark>tional Articles, ente</mark> ecessary). (Be spe	ecific)		
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· · ·	SECRETARY OF STAIL  SECRETARY OF STAIL  SECRETARY OF STAIL  FIGURE 1 STAIL  SECRETARY OF STAIL  SECRETARY
The date of each amendment(s) adoption: date this document was signed.	15 FEB 24 PM 12: 47 if other than the
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 by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/w	vere sufficient for approval
(voting group)	"
(voting group)	
The amendment(s) was/were adopted by the board of directo action was not required.	ors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators was not required.	ithout shareholder action and shareholder
Dated 2   18   15	
Signature X.	Ticer – if directors or officers have not been
	the hands of a receiver, trustee, or other court
— Ha	di barakat r printed name of person signing)
(Typeu of	Printed name of person signing)
	Title of person signing)