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SECRETARY OF STATE

FILED

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	ARS HOLDING CORP.			
	P14000035455				
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	NOWOGRODZKI, ENRIQU	E			
	Name of Contact Person				
	Firm/ Company				
	18501 PINES BLVD, #207				
	P PINES, FL 33029	Address			
	F FINES, FL 53027	City/ State and Zip Code			
	·				
enriq ——	ue@epaservicescorp.com	sed for future annual report	notification)		
	12-man address, for the di	sea (i) mare annual reposit			
For further information	on concerning this matter, pleas	se call:			
Enrique Nowogrodzk	i	754 at (400 1040		
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 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 Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations Clifton Building			
P.O. Box 6327 Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of

THE GOLDEN YEARS HOLDING CORP.

(Name of Corporation as currently	filed with the Florida Dept. of Sa	e)FD
P14000035455	; (1	- -
(Document Number of	Corporation (if known)	9 F3 5: 84
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	_ 1001000	following amendment(: IY OF STAFE SEE. FLORIDA
A. If amending name, enter the new name of the corporation:		
n/a		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "C word "chartered," "professional association," or the abbreviation "1	Lo". A professional corporation na	or the abbreviation me must contain the
	n/a	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)		·
		-
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	ess in Florida, enter the name of the	<u>e</u>
Name of New Registered Agent	<u> </u>	
tFlorida str	. Hereal	
New Registered Office Address:	, Florid	(Zio Code)
	Cuci	(Ziji Cinic)
New Registered Agent's Signature, if changing Registered Agent		
Thereby accept the appointment as registered agent. Tam familiar v	with and accept the obligations of the	position.
Signature of New R	egistered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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 = Ci Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each of 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. Ther 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 Char Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change		n Doe			
X Remove	<u>V</u> <u>Mil</u>	Mike Jones			
X Add	<u>SV</u> <u>Sal</u>	Sally Smith			
Type of Action	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
(Check One)	Treasure	Alan Nowogrodzki 🗸	19468 NW 14 St		
1) Change			P PINES, FL 33029		
$\frac{1}{x} Add$ $\frac{x}{Remove} \vec{J}$					
2)Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

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	at provides for a	an exchange, rec	lassification, or	cancellation of i	ssued shares,	
f an amendmei	implementing the	<u>he amendment it</u> AZA)	not contained i	n the amendmen	t useit:	
provisi <u>ons for</u>		. • • • • • • • • • • • • • • • • • • •				
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f an amendmei provisions for (if not appl	ncune, marcare					

The date of each amendment(s) ad-	option:	, if other than
fate this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date partment of State's records.	will not be listed as
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was were adopty the shareholders was/were suf	pted by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appromust be separately provided for	roved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):	t
"The number of votes east f	for the amendment(s) was/were sufficient for approval	
by	,·**	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
7 28 19 Dated	- Van	
Signature	Lugue Nonosi	
(By a diselected	irector, president or other officer – if directors of officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Enrique Nowogrodzki	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·