## P14000040648

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



300260750903

06/04/14--01024--013 \*\*35.00

SECRLIVRY OF STATE

APPROVED AND FILED

C. LEWIS

JUN 17 2014

EXAMINER

## APPROVED AND FILED

## Articles of Amendment to Articles of Incorporation of

14 JUN -4 PM 1:45

Sconi, Inc.	SECRLIARY CONTROL ORIDA
(Name of Corporation as currently filed with	the Florida Dept. of State)
P14000040648	<u> </u>
(Document Number of Corpora	tion (if known)
ursuant to the provisions of section 607.1006, Florida Statumendment(s) to its Articles of Incorporation:	ites, this Florida Profit Corporation adopts the following
. If amending name, enter the new name of the corporation	on:
	The new
ame must be distinguishable and contain the word "cor bbreviation "Corp.," "Inc.," or Co.," or the designation "C ame must contain the word "chartered," "professional assoc	Corp," "Inc," or "Co". A professional corporation
Enter new principal office address, if applicable:	5441 Sheridan Street
Principal office address <u>MUST BE A STREET ADDRESS</u> )	Hollywood.
	Florida 33021
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
<ol> <li>If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac</li> </ol>	
Name of New Registered Agent:	
New Registered Office Address: (Flo	rida street address)
	, Florida
(City	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
hereby accept the appointment as registered agent. I am fan	niliar with and accept the obligations of the position.

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action		
SECT	Caro Kinsella	1250 East Hallandale Beach FL #508 Hallandale Beach FL 33009	☐ Add ☑ Remove		
<del></del>			☐ Add ☐ Remove		
			☐ Add ☐ Remove		
	g or adding additional Articles, enter clional sheets, if necessary). (Be specific				
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)					

. ' The date of each amendment(s	) adoption: 02- Jun - 2014	APPKUYED ———AND
	(date of adoption is required)	FILED
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	14 JUN -4 111 11 40
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	SECRETARY OF STATE TALL AHASSET FLOWIDA
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of vote sufficient for approval.	es cast for the amendment(s)
	approved by the shareholders through voting grofor each voting group entitled to vote separately	
"The number of votes ca	ast for the amendment(s) was/were sufficient for a	approval
by	voting group)	
(1	voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareh	older action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholde	er action and shareholder
Dated 06	-02-2014	
Signature	= · +	
(By a select	director, president or other officer – if directors and, by an incorporator – if in the hands of a receinted fiduciary by that fiduciary)	
	CARO KINSELLA	
	(Typed or printed name of person sig	ning)
	SECRETARY	
	(Title of person signing)	