## P1400004/725

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

ť.

NAME OF CORPOR	DUIVUUNITA	Corporation		
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
	John	Name of Contact Perso	n	
	Veilee		<u> </u>	
	380 Ea	Firm/ Company  ST 9 STYLET  Address	, suite 7	
	Haleah.	FI 33010		
		City/ State and Zip Cod	е	
	Jolof 1@h	otmail - Com sed for future annual report		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information concerning this matter, please call:				
John La	1d-Hammond	at (305	) 815 - 6580	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made [	payable to the Florida Depa	artment of State:	
□ \$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)	
Ame Divis P.O.	ing Address Indiment Section Ision of Corporations Box 6327 Inassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	
		Tallahassee, FL 32301		

## Articles of Amendment to Articles of Incorporation

Articles of Incorporation			
Veilee Corporation of			
(Name of Corporation as currently filed with the Flo	rida Dept. of State)		
P14000041725			
(Document Number of Corporation (if I	known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Faits</i> Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) t		
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	380 East 9 street Suite 7		
	Higleah, Fl 33010		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	380 East 9 street		
	suite 7		
	Hialeah, Fl 33010		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the		
Name of New Registered Agent			
(Florida stree	t address)		
New Registered Office Address:	, Florida		
(City)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent. I am familiar wit	th 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)

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:	i, ana sa	ty Smith, SV as an Add.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
AddRemove			
Kemove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			·····
6) Change			
Add			
Remove			

(Attach additiona	adding additional Articles, enter change(s) here: tal sheets, if necessary). (Be specific)	
we are	amending a change of address	
From: 3	Fast 44 street, suite 23, Hialed	9h, Fl 33013
To: 380	East 9 street, Suite 7, Higheah, F	1 33010
<del></del>		<del></del>
	ent provides for an exchange, reclassification, or cancellation of issued sometimenting the amendment if not contained in the amendment itself	
	olicable, indicate N/A)	<u>-</u>
		<del></del>

The date of each amendment(s) adoption: OCTOBET 15, 2014 date this document was signed.	, if other than the
Effective date if applicable:	<del></del>
(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 number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
the H	
Signature  (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)	<del></del>
John Laud-Hammond (Typed or printed name of person signing)	_
President	
(Title of person signing)	