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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	WORLD WIDE MONEY	TRANSFER INC
DOCUMENT NUMBER: P1		

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SYED G. MAHBOB Name of Contact Person WORLD WIDE MONEY TRANSFER INC Firm/ Company 1991 N. MILITARY TRAIL Address WEST PALM BEACH, FL 33049

City/ State and Zip Code

zahid.hossain@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SYED G. M.	AHBOB	_{at (} 561	, 735-1252			
Name of	Contact Person	Area Co	de & Daytime Telephone Number	Z	14	
Enclosed is a check for t	the following amount made	payable to the Florida Depa	artment of State:	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	0CT	11E
■ \$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)	PACE TO THE PACE T	Tu ANIII: UI	

Mailing Address

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

Street Address

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

Articles of Amendment to Articles of Incorporation of

to

WORLD WIDE MONEY TRANSFER INC

(Documer	nt Number of Corporation (if known	n)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this <i>Florida</i>	Profit Corporation adopts	s the following amendment(
A. If amending name, enter the new na	me of the corporation:		The new
name must be distinguishable and control "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co".		ed" or the abbreviation
3. Enter new principal office address, Principal office address MUST BE A S	if applicable:	N/A	
	,		<u>. </u>
C. Enter new mailing address, if appli		/A	· .
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		/A	
(Mailing address <u>MAY BE A POST</u>	<u>OFFICE BOX</u>)		
	OFFICE BOX) d/or registered office address in		fthe CLA
(Mailing address MAY BE A POST of the second	OFFICE BOX) d/or registered office address in		fthe fthe
Mailing address MAY BE A POST of the National Action of the registered agent and new registered agent and/or the new registere	d/or registered office address in v registered office address:		TALLABASSE
Mailing address MAY BE A POST of the National Action of the registered agent and new registered agent and/or the new registere	d/or registered office address in v registered office address: N/A (Florida street address)	Florida, enter the name of	TALLANASSE TO
Mailing address MAY BE A POST of the National Action of the registered agent and new registered agent and/or the new registere	d/or registered office address in v registered office address: N/A (Florida street address N/A	Florida, enter the name of	DCT 4 AM 1: 4
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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:	, and ban	y Dimini,	or us un nuu.	
X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VPD	_	AHMED SULTAN	169-15 88TH AVE **
Add		_		JAMAICA, NY 11432
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove	`			
4) Change	· .	_		
Add				
Remove				2 - 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
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provisions for in (if not applied)	nplementing the	amendment i /A)				

The date of each amendment(s) adoption: OCTOBER 6, 2014		if other t	han the
date this document was signed. Effective date if applicable:			
(no more than 90 days afte	r amendment file date)		
Adoption of Amendment(s) (CHECK ONE)			
The amendment(s) was/were adopted by the shareholders. The number o by the shareholders was/were sufficient for approval.	f votes cast for the amendment(s)		
The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately			
"The number of votes cast for the amendment(s) was/were sufficien	at for approval		
by(voting group)	.,,		
(voting group)			
The amendment(s) was/were adopted by the board of directors without sh action was not required.	areholder action and shareholder		
The amendment(s) was/were adopted by the incorporators without shareh action was not required.	older action and shareholder		
Dated_OCTOBER 6, 2014			
Signature Synd & Mahla	7		
(By a director, president or other officer - if dire			
selected, by an incorporator – if in the hands of	a receiver, trustee, or other court	總 二	
appointed fiduciary by that fiduciary)			*****
SYED G. MAHBOB			3 j
(Typed or printed nam	ne of person signing)	, 7 E	ų ,
PRESIDENT		R	
(Title of person	on signing)	ing Ti	