

To: Page 1 of 1  
Division of Corporations

2014-10-08 18:47:17 (GMT)

3841879@corpmail.com From: VLADIMIR BORISOV  
Page 1 of 1

**P/4000073615**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000234979 3)))



H140002349793ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : BEST PRO SERVICES INC  
Account Number : 120140000068  
Phone : (727) 506-1870  
Fax Number : (727) 683-9500

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Best.Pro@Live.com

COR AMND/RESTATE/CORRECT OR O/D RESIGN  
RAZUM CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

FILED  
14 OCT - 8 PM 4: 51

Electronic Filing Menu Corporate Filing Menu Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

*Amend*  
*10-9-14*  
*DC*



October 8, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RAZUM CORP  
19550 AURORA AVE N  
SHORELINE, WA 98133US

SUBJECT: RAZUM CORP  
REF: F14000073615

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6950.

Darlene Connell  
Regulatory Specialist III

FAX Aud. #: H14000221872  
Letter Number: 214A00021522

RECORDED  
14 OCT -8 PM 12:00  
DIVISION OF REGULATORY  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

P.O. BOX 6327 - Tallahassee, Florida 32314

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: RAZUM CORP  
DOCUMENT NUMBER: P14000073615

The enclosed *Articles of Amendment* and Fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VLADIMIR BORISSOV  
Name of Contact Person  
BEST PRO SERVICES INC  
Firm/ Company  
6457 CENTRAL AVE  
Address  
ST.PETERSBURG , FL 33710  
City/ State and Zip Code  
BEST.PRO@LIVE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VLADIMIR BORISSOV at ( 727 ) 623-9885  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

**RAZUM CORP**

(Name of Corporation as currently filed with the Florida Dept. of State)

**P14000073615**

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

\_\_\_\_\_ *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.C."*

**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 MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: \_\_\_\_\_  
\_\_\_\_\_  
(Florida street 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 with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

FILED  
14 OCT -8 PM 4:51

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; VP = 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 P. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. There should be noted as John Doe, P as a Change, Mike Jones, P as Remove, and Sally Smith, SV as an Add.

Example:

Change      PT      John Doe

Remove      V      Mike Jones

Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	V	Inna Boriskina	6367 Bahia Del Mar Blvd Unit # 401 St. Petersburg, FL 33715
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			



The date of each award must be indicated. If there are no awards, please indicate this.

**Kind of award (classification)**  
(Please specify the date of the award in the comments)

**Address of awarding body**      **(CHECK LINK)**

The award(s) were given by the awarding body. The number of awards and the classification(s).

The award(s) were given by the awarding body. The number of awards and the classification(s). The award(s) were given by the awarding body. The number of awards and the classification(s).

The award(s) were given by the awarding body. The number of awards and the classification(s).

The award(s) were given by the awarding body. The number of awards and the classification(s).

**Date:** 08/1/2014

**Signature:** *[Handwritten Signature]*

**(If a handwritten signature is used, it must be accompanied by a stamp or other official seal of the awarding body. If the awarding body is a company, firm, or other legal entity, the stamp must be the official seal of the awarding body.)**

**RAZUMOVICH OLOA**

**(Type or print name of person signing)**

**(Date of person signing)**

Page 6 of 6