P14000077915

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(PM) 11-18-14

COVER LETTER

Division of Corpo				
NAME OF CORPOR	ATION: GIFTS PI	LANET, INC.		
DOCUMENT NUMB	D440000			
The enclosed Articles	of Amendment and fee are su	abmitted for filing.		
Please return all corres	pondence concerning this ma	atter to the following:		
	LC	BNA BASISC)U	
-		Name of Contact Perso	n	_
_	GIFTS PLANET, INC.			_
	16567 FI	Firm/ Company	ACE DD	_
	16567 ENCLAVE VILLAGE DR			— 5 1 —
	TAMPA, FL 33647		14 MOV -5	
	City/ State and Zip Code			
	LOLOBE	SISO@HOTM	IAIL.COM	
		sed for future annual report		
				2: 2
For further information	concerning this matter, pleas	se call:		
LOBNA BA	SISOU	_{at (} 941	,447-2501	
Name o	f Contact Person		de & Daytime Telephone Numb	per
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	☐S43.75 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

GIFTS PLANET, INC.

(Name of Corporation as currently filed with the Florida Dept. of State) P14000077915

(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the	following amendment(
A. If amending name, enter the new name of the	corporation:	
N/A		The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or t	word "corporation," "company," or "incorporated" of prp," "Inc," or "Co". A professional corporation name the abbreviation "P.A."	or the abbreviation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	2- AON 11V
D. If amending the registered agent and/or registered agent and/or the new registered	stered office address in Florida, enter the name of the ed office address:	PH 2: 29
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:	, Florida	
New Registered Agent's Signature, if changing F	19/	Codej
I hereby accept the appointment as registered agen	nt. I am familiar with and accept the obligations of the p	osition.
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

Mike Jones, V as Rem Example:	iove, and Sai	lly Smith, SV as an Add.	SEU:
X Change	<u>PT</u>	John Doe	SELVE ALL VE
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>	Address 22. 29
I) Change	<u>P</u>	RANIA SEKIK	16567 ENCLAVE VILLAGE
Add			TAMPA, FL 33647
Remove			US
2) Change	Р	LOBNA BASISOU	16567 ENCLAVE VILLAGE
Add			TAMPA, FL 33647
Remove			US
3) Change			-
Add			
Remove			
4) Change			
☐ Add			
Remove			
5) Change	*************		
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic (Attach additional sheets, if necessary).	(Be specific)
I/A	
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Y6 down a down and down 6	
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	tumple if 119t contained to the amendment leselt.
/A	
•	

The date of each amendment(s) adoption: 10/31/2014	if other	than the
date this document was signed.		
Effective date if applicable: 10/31/2014		
(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 cast 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	KON 71	i E
by"	<u>ت</u> ا	"FETTING
(voting group)	ப்	,
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	PH 2:	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	30	
Dated 10/31/2014		
Signature Land Baylest (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)		
LOBNA BASISOU		
(Typed or printed name of person signing)		
PRESIDENT		
(Title of person signing)		