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SECRETARY OF STATE DIVISION OF CORPORATIONS

Clewish Vale

COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corpora	atons				
NAME OF CORPORA	TION: Samina	a Route Inc			
DOCUMENT NUMBE	R: P1400008	82988 March 1980 100	.)		
The enclosed Articles of	Amendment and fee a	re submitted for filing.			. Sites 1154 - F
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and the many	1806 Haint	ree Lake Ln apt	<u>C</u>	(5.95)	
T	ampa FL 3	Address 3617.	1436	ne same no H	4
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	E-mail address: (to b	be used for future annual report no	ptification)		
For further information c	oncerning this matter, p	please call:		v 1900 governos seggios.	
Christos Lap	pas	at (727	2517660	.⊋iil ≠.	(troot)
	Contact Person '1.	Area Code	& Daytime Telephone N	lumber 35.	
Enclosed is a check for the	ne following amount ma	ade payable to the Florida Departs	ment of State: " not	e, egy 15 build ta	
\$35 Filing Fee	\$43.75 Filing Fee Certificate of Statu	is Certified Copy ject.	□\$52.50 Filing Fee Certificate of Status	en e	
e kapala ti la a ker		(Additional copy is enclosed)	(Additional Copy is enclosed)		\$ 11507 1645
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	ntly filed with the Flori	da Dept. of State)	, 001 21 1	11 (129) i
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(Document Num	ber of Corporation (if kn	own) 87 - 18 . 18 .	1 192 2003 1 2 2 1	<u></u> 2007 2000 100 200 200 200 200 200 200 200 20
Pursuant to the provisions of section 607.1006, Its Articles of Incorporation:				: ស្មែរជា
•			,	£
A. If amending name, enter the new name of	the corporation:			lie. v
1	41A	, ,	•	The new
name must be distinguishable and contain th "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co"	'. A professional corporat		
B. Enter new principal office address, if appl		17.14	<u> </u>	- ' ' ' ' ' ' '
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C. Enter new mailing address, if applicable:		- · N/A		97 6) []
(Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)	1/1/1	·	
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				Stone St
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D. If amending the registered agent and/or re		in Florida, enter the name	e of the	
new registered agent and/or the new regis	tered office address:			51 A 📜
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New Registered Office Address:	N/A	, Florida		_ 1/4 []
New Registered Office Address.	(City)	, Florida_	(Zip Code)	' '
			·	
New Registered Agent's Signature, if changin				
hereby accept the appointment as registered a	gent. I am familiar with	and accept the obligations	of the position	
	N/A			100
Signature	e of New Registered Age	nt, if changing		
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				:

Page 1 of 4

address of each Officer (Attach additional sheet Please note the officer/d P = President; V= Vice Executive Officer; CFO held. President, Treasur Changes should be note	r and/or I s, if neces lirector tit e Presiden e = Chief er, Direct d in the fo eaves the o e, and Sa	Director be sary) sary) cle by the fint; T= Treate Financial for would be said to the financial for would be	rst letter of the office titl issurer; S= Secretary; D Officer. If an officer/di ie:PTDtreft_shire! I anner. Currently John I n, Sally Smith is named	le: = Director; TR= Tr rector holds more the latter to the V and S. These s	
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The date of each amendment	(s) adoption: 10/2	2/14		ì	ILEU if other than the
date this document was signed.	· ·	.: *		"DIVISION=0	TRY OF STATE
Effective date if applicable:	10/22/14		५ समृह	THE COT !	es teter out of a
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"The number of votes	cast for the amendm	eni(s) was/were surric	ient for approval		
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The amendment(s) was/wer action was not required.	e adopted by the inco	rporators without shar	reholder action and sl	hareholder	
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Dated_10/2	2/14		•		
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Signature	y a director, presiden	or other officer - if o	lirectors or officers h	ave not been	 -
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	Christos La	ppas			
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