P1500010165

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COVER LETTER

TO: Amendment Section Division of Corporations					
NAME OF CORPORATION: PARIS ONE CORP					
DOCUMENT NUMBER: P15000010165					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
JOEL SANTIAGO SERNA CABEZAS					
Name of Contact Person					
PARIS ONE CORP					
Firm/ Company					
5911 TAYWOOD DR					
Address					
TAMPA, FL, 33624					
City/ State and Zip Code					
wilmaristi@hotmail.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
JOEL SANTIAGO SERNA CABEZAS at (813) 735-7090					
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 Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing Address Street Address					

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

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

Articles of Amendment to Articles of Incorporation of

	of			
PARIS ONE CORP				
(Name of Corporation as	currently filed with the Flori	da Dept. of State)		-
P15000010165				
(Document)	nt Number of Corporation (if known	own)		-
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this <i>Flor</i>	rida Profit Corporation ad	opts the followin	g amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co"	. A professional corpora		bbreviation
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable: TREET ADDRESS)			
	-			-
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	<u>cable:</u> OFFICE BOX)			
				•
	_			-
	-			-
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address	in Florida, enter the nam	e of the	
	JOEL SANTIAGO SE	ERNA CAREZAS		
Name of New Registered Agent				
	5911 TAYWOOD	·		
	(Florida street of		22624	
New Registered Office Address:	(City)	, Florida	(Zip Code)	-
	(City)		(Zip Code)	
				- ਯੂ - ਅ
New Registered Agent's Signature, if cl				Ř ,
I hereby accept the appointment as regist	ered agent. I om familiar with i	and accept the obligations	of the position.	22 22
			TAIL THE	2 8

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 <math>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: 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)	Title	Name	<u>Addres</u> s
1) Change	Р	MELANIE ROSE ESPINOZA	5911 TAYWOOD DR
Add			TAMPA, FL, 33624
Remove			
2) Change	Р	JOEL SANTIAGO SERNA C	5911 TAYWOOD DR
✓ Add			TAMPA, FL, 33624
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)	<u></u> ,			
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f an amendment provides for an exch provisions for implementing the ame	ange, reclassific	ation, or cand	cellation of i	ssued share t itself:	<u>s,</u>
(if not applicable, indicate N/A)					
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					· <u> </u>
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			 _		·
					

The date of each amendmen	it(s) adoption: September 15th of 2015	, if other than the
date this document was signed	d.	
Effective date if applicable:	September 15th of 2015	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.	
	ere approved by the shareholders through voting groups. The following statement led for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	es cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder	
Ser	otember 18th of 2015	
Dated Off	· \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Signature _	· · · · · · · · · · · · · · · · · · ·	
	By a director, president or other officer if directors or officers have not been elected, by an incorporator if in the hands of a receiver, trustee, or other court	
	appointed fiduciary by that fiduciary)	
	JOEL SANTIAGO SERNA CABEZAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	