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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	SAPPO	DRO 01	}	crestien	INC
NAME OF CORPORATION DOCUMENT NUMBER:	P1500	00 1245	9		
The enclosed Articles of Amen					
Please return all correspondence	e concerning this mat	ter to the following	g;		
***	Joh	Name of Contac	CH	D	
·	Si	APPORO Firm/Comp			
		Firm/ Comp	pany		
	450N.	Main st			
		Address	S		
	Crestvie	WFI	_ 3:	253 6	
		City/ State and Z	Zip Code		
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E-r	nail address: (to be us	ed for future annua	ıl report r	notification)	
For further information concern			/102		
Name of Contact	et Person		Area Cod	e & Daytime Telephone Nur	nber
Enclosed is a check for the foll	owing amount made j	payable to the Flori	ida Depar	rtment of State:	
\$35 Filing Fee □\$	43.75 Filing Fee & tertificate of Status	□\$43.75 Filing I Certified Copy (Additional copenclosed)	/	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Ade Amendment Division of C P.O. Box 63: Tallahassee,	Section Corporations 27		Division Clifton I 2661 Ex	Address ment Section n of Corporations Building secutive Center Circle ssee, FL 32301	

Articles of Amendment to

Articles of Incorporation

	Ai ticles of	of	15 MAK -6 PM 1: UZ
SAPPOR	oof	Crestulew	AMIC LATE TO THE TABLE
(Name of Corporation as curre	ntly filed with th	e Florida Dept. of State)	tyallikidaktaasialili, tali diktiisa
P1500001245	9		
(Document Num	ber of Corporatio	n (if known)	
ursuant to the provisions of section 607.1006, s Articles of Incorporation;	Florida Statutes, t	nis <i>Florida Profit Corporatio</i>	n adopts the following amendment
. If amending name, enter the new name of	the corporation:		
			The new
ame must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation or "chartered," "professional association,"	"Corp," "Inc," o	r "Co". A professional cor	orporated" or the abbreviation poration name must contain the
3. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC	CE BOX)		
		· · · · · · · · · · · · · · · · · · ·	
D. If amending the registered agent and/or remains new registered agent and/or the new regi			name of the
Name of New Registered Agent			
	(Florid	a street address)	
New Registered Office Address:		, Flo	rida
	(0	City)	(Zip Code)
New Registered Agent's Signature, if changi hereby accept the appointment as registered to	ng Registered As agent. I am famil	tent: iar with and accept the obliga	utions of the position.
			
Signatu	re of New Register	red 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:	rre, una bany sm	ин, эт из ин мии,	
X Change	<u>PT</u> <u>John</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	se Jones	
_X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP_	JANG IN	4866 LEXLand Ly
Add			(Restulew. FL3253
Remove			
2) Change			
Add			
Remove			
3) Change			
Add		•	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<mark>f amending or adding addi</mark> Attach <i>additional sheets, if n</i>	necessary). (Be sp	pecific)	<u>.</u> .		
•		2 /		•	
		· ••••••••••••••••••••••••••••••••••••			
					
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If an amendment provides	for an exchange, i	reclassification, o	r cancellation of i	issued shares,	
provisions for implementi	ing the amendmen	t if not contained	in the amendmen	nt itself:	
(if not applicable, indi	cate N/A)				
		· /			
		. =	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption: March 06 - 13 date this document was signed.	_, if other than the
Effective date if applicable:	
(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	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated March of -15	
Dated March of -15 Signature Description	_
(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)	
John Jae CHO (Typed or printed name of person signing)	_
(Typed or printed name of person signing)	
P	
(Title of person signing)	_