P15000021682

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15 SEP 14 AM 8: 01

SEP 18 2015 C LEWIS

COVER LETTER

Division of Corporations HAN'S FAMILY STUKE INC. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SAIS PARK
Name of Contact Person FAMILY STOKE INC Firm/ Company 1709 SILVER STAR RD ORLANDO/FL, July 32804

City/State and Zip Code SANGWON. HAN 2 GMAIL. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (32) 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 & **□\$43.75** Filing Fee & ■\$52.50 Filing Fee

Certified Copy

enclosed)

(Additional copy is

Mailing Address

TO: Amendment Section

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

Certificate of Status

Street Address

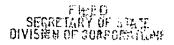
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status

Certified Copy

(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of



15 SEP 14 AM 8: 01

HANS HAMELY	STURT INC.
	filed with the Florida Dept. of State)
P15000021687	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	N/A
New Registered Office Address: (Florida stree	, Florida NA
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
N/A Signature of New Res	gistered 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> <u></u>	John Doe	
X Remove	<u>v</u> 1	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>S</u>	SAIS B PARK	10198 REGENT PARK
X Add			DRIVE #2101
Remove			ORLANDO, FL 32825
2) Change			NA
Add			
Remove			
3) Change			N/A
Add			
Remove			
4) Change			N/A
Add			
Remove			
5) Change			NA
Add			
Remove			
6) Change			<u> </u>
Add			
Remove			

Attach additional sheets, if necessary). (Be	specific)			
NIA				
	<u></u>			
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f an amoudment provides for an archange	lossification .	u compolitation of i	sound abouts	
f an amendment provides for an exchange provisions for implementing the amendm	ent if not contained	in the amendmer	ssueu snares, it itself:	
(if not applicable, indicate N/A)				
N	IA			

The date of each amendment(s) adoption:	Miles	SEPTEMBE	FR 2,2015	_, if other than the
date this document was signed.				
Effective date if applicable:	DATE	· SEPTEMB	FR 2,2015)
(no more	than 90 days after a	mendment file date	2)	
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's rec		filing requiremen	its, this date will	not be listed as the
Adoption of Amendment(s) (CHECK ON)	<u>E</u>)			
The amendment(s) was/were adopted by the shareholde by the shareholders was/were sufficient for approval.	ers. The number of ve	otes cast for the am	iendment(s)	
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group entitle.				
. "The number of votes cast for the amendment(s)	was/were sufficient for	r approval		
by N/A (voting group)		."		
(voting group)				
☐ The amendment(s) was/were adopted by the board of d action was not required.	irectors without share	holder action and	shareholder	<u> </u>
☐ The amendment(s) was/were adopted by the incorporate action was not required.	ors without sharehold	er action and share	eholder	15 SEP
Dated SEPTEMBER 2,20	15			SEP 14 AM 8: 0
Signature		<u> </u>		_ œ
(By a director, president or other selected, by an incorporator appointed fiduciary by that fiduciary by the fiduciar	if in the hands of a r			2
	SAIS B. PAR			
(Typed or	printed name of perso	n signing)		
SE	CRETARY			
	(Title of person sign	ing)		