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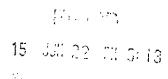
JUN 30 2015

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MICHAIL CHRIS	TOFAKIS INC	
DOCUMENT NUMB	ER: P15000026253		·
	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this mat	tter to the following:	
	MICHAIL CHRISTOFAKIS		
-		Name of Contact Persor	
	MICHAIL CHRISTOFAKIS		
-	Menale endistoration		
	250 LAYNE BLVD APT 10	Firm/ Company	
-	230 EATINE BEVD ALT 10.		
		Address	
	HALLANDALE BEACH, F	L 33009	
-		City/ State and Zip Code	e
DJSM	IKEC@GMAIL.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
MICHAIL CHRISTO	EAVIC	054	6242841
		at (<u>954</u>	/
Name of Contact Person		Area Co	de & Daytime Telephone Number
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	☐\$43.75 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		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

Articles of Amendment **Articles of Incorporation** of



1.4

MICHAIL CHRISTOFAKIS INC			
(Name o	f Corporation as curren	tly filed with the Florida Dept. of State	
P15000026253		,	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new na	me of the corporation:		
		The new	
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or	ion," "company." or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
D. Enter new principal office address	if annliaghla:	250 LAYNE BLVD APT 102	
B. Enter new principal office address, (Principal office address MUST BE A ST		HALLANDALE BEACH ,FL 33009	

C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		250 LAYNE BLVD APT 102	
(mauring dadress MAT DE A 1 051 C	OFFICE BOX)	HALLANDALE BEACH, FL 33009	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent			
Name of New Negmerea Agent	250 LAYNE BLVD APT 102		
		street address)	
	HALLANDALE BEAC	H 33009	
New Registered Office Address:		(City) , Florida (Zip Code)	
		•	
New Registered Agent's Signature, if cl			
I hereby accept the appointment as regist	ered agent. I am familia	r with and accept the obligations of the position.	
	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.

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		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
·	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) adoption:date this document was signed.	
(no more	e than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the document's effective date on the Department of State's recommendation.	e applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK ON	<u>E</u>)
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for approval.	ers. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehole must be separately provided for each voting group ent	
"The number of votes cast for the amendment(s)	was/were sufficient for approval
by	
☐ The amendment(s) was/were adopted by the board of d action was not required.	irectors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the incorporat action was not required.	ors without shareholder action and shareholder
Dated	
	her officer – if directors or officers have not been
selected, by an incorporator – appointed fiduciary by that fiduciary	- if in the hands of a receiver, trustee, or other court duciary)
MICHAIL CHRISTO	OFAKIS
(Typed or	printed name of person signing)
P	
	(Title of person signing)