# P150000 26340

(Reque	stor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to Filir	ng Officer:	
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SECTIONS OF STATE

APR 0 2 2014

C. CARROTHERS

#### **COVER LETTER**

**TO:** Amendment Section

Division of Corporations				
NAME OF CORPORATION: IGF Operations CO  DOCUMENT NUMBER: P1500026340				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
DWAYNE LEW 15  Name of Contact Person				
99/6NW / St Start				
Survise, FL 3335/				
DWAYNE DDADASUPRENE. COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call: 73 03				
Name of Contact Person at (917) 463 78 03  Area Code & Daytime Telephone Number				
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  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327  Street Address Amendment Section Division of Corporations Division of Corporations Cliffon Building				

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

### **Articles of Amendment**

to

### **Articles of Incorporation**

IGF Operati	D ~ €	Cn.	图 5
(Name of Corporation as currently filed wit	h the Florida	Dept. of State)	
815 RDD 263	40		<b>第三</b>
(Document Number of Corpor	ation (if know	n)	
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this <i>Florid</i>	a Profit Corporation ad	opts the following amendmer
A. If amending name, enter the new name of the corporat	ion:		200
IFG Operation	~S	$C_0$	The new
name must be distinguishable and contain the word "corp," "Inc.," or Co.," or the designation "Corp," "Inc., word "chartered," "professional association," or the abbrevia.  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	," or "Co". iation "P.A."	ompany," or "incorpoi A professional corporal	rated" or the abbreviation tion name must contain the
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		Florida, enter the nam	e of the
Name of New Registered Agent			
(Flo	orida street addi	ress)	
New Registered Office Address:		. Florida	
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent. I am fai	miliar with an	d accept the obligations	of the position.
Signature of New Regi	stered Agent	f 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 Do	<u>e</u>	
X Remove	¥	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
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Remove				
5) Change	<del></del>	···		
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	or adding additional sheets, if necess	sary). (Be specif	îc)		
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an amendr	nent provides for a	n exchange, recla	ssification, or ca	ncellation of issu	ed shares.
rovisions f	or implementing th	ie amendment if n	ot contained in	he amendment it	self:
(if not a	oplicable, indicate N	V/A)			
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The date of each amendment(s) ad date this document was signed.	option:	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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 ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated_32	5 15	
Signature (		
(By a diselected	rector, president or other officer – if directors or officers have not been i, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	<del>-</del>
	Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Presiden	
	(Title of person signing)	