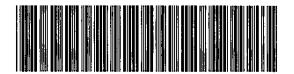
P150000034836

, (Req	uestor's Name))
(Add	ress)	
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(City	/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	. MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	





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Amend (105,7,15

COVER LETTER

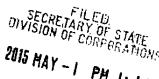
TO: Amendment Section

Division of Corporations NAME OF CORPORATION: LEGAL AFFAIRS /NC DOCUMENT NUMBER: P 15 0000 34836 The enclosed Articles of Amendment and fee are submitted for filing Please return all correspondence concerning this matter to the following: ALI SIDDIQUI Name of Contact Person Accounting Advantage 925 S. Military Tr. # D4 West Palm Beach, FL 33415 Ph: (581) 687-6466 Fy; (561) 687-6469 general@accountingadvantageusa.com City/ State and Zip Code F-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: AN KITUR at (56) 310 - 1624

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 □\$43 75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



LEGAL A EX	CAIRS INC.
(Name of Corporation a	as currently filed with the Florida Dept. of State)
P15 0000	24026
	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpo	oration:
	The new
	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the previation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	1210 PIONEER LAKE CR WPB, FL 33413
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent	N· A
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an	red Agent:
	N.A
Signatur	re 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> <u>Joh</u>	n Doc	
X Remove	<u>V</u> <u>Mık</u>	se Jones	
X Add	<u>SV</u> <u>Sali</u>	y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	P	AN KITUR	7210 PIONEER Like CE
			W.P.13,
X Remove			FL 33413
2) X Change	P	SYED SHARFI	7210 PIONEER
Add			Lake Circle
Remove			W. P. B, FL 33413
3) Change			
Add			
Remove			
4) Change			**************************************
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

		itional Articles, el necessary). (Be s		<u>re</u> .		
was	MR	. AN KI	TUR Re	signed as	Preside	rat and rasident
<i></i>	Kitwi	no mor	e will-	hi Corpi	mahin .	
					· · · · · · · · · · · · · · · · · · ·	

f an amend:	ment provides	for an exchange,	reclassification, o	r cancellation o	f issued shares.	
provisions f		ng the amendmen				
					· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption: date this document was signed.	4-29-2013	, if other than the
Effective date if applicable:	4-24-2015	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of S	ot meet the applicable statutory filing requirements, the State's records.	nis date will not be listed as the
Adoption of Amendment(s) (CHI	ECK ONE)	
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap	hareholders. The number of votes east for the amenda pproval	nent(s)
	shareholders through voting groups. The following stagroup entitled to vote separately on the amendment(s).	
"The number of votes cast for the amend	dment(s) was/were sufficient for approval	
by	ng group)	
action was not required.	poard of directors without shareholder action and share neorporators without shareholder action and sharehold	
Dated	14-2015	
(By a director, president	dent or other officer — if directors or officers have not t rporator — if in the hands of a receiver, trustee, or other	
_ A	N KITUR Typed or printed name of person signing)	
(1	Typed or printed name of person signing)	
	Ex. PR	
	(Title of person signing)	