P150000038473

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COVER LETTER

TO: Amendment Section

Division of Corpo	rations		
	NATION: MATCH		
DOCUMENT NUMB	IER: P 1500	0038473	
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	LESLIE E	Name of Contact Person	n
	LEGLIE E	Firm/Company 38 Ave	CPA
	A	Firm/ Company	
	5285 Su	1 38 AVE	
	FORT LAU	DERDALE	12 3311V
		City/ State and Zip Cod	e
	CPA 1040C	D AOL. COM	notification)
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
LESLIE	E DOLIN	at (954	965 466 de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r 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)
	ling Address		Address
Amendment Section Amendment Section Division of Corporations Division of Corporations			
P.O.	Box 6327	Cliftor	n Building
Talla	ahassec, FL 32314		Executive Center Circle assee, FL 32301

•	W-6 5
	Amendment to necorporation of
	ncorporation of
	or State of the
MATCHEX)	
	ntly filed with the Florida Dept. of State)
P 1500003	18473
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
	The new
name must he distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if applicable:	109 E SUNRISE BLUD FORT LAUDERDALE FL
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	FORT LAUDERPALE FL
	33311
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	109 F SUNRISE BLUD FUNT LAUDERDALE FL
	33311
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	dress in Florida, enter the name of the
Name of New Registered Agent	
109 E	SUNRISE BLVD
(Florida	ntwant address:
New Registered Office Address: FONT LA	UDFIRDALE, Florida 333/V (City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	nt: with and accept the obligations of the position.
Signature of New	v 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	<u>Name</u>	<u>Addres</u> s
1) Change		NA	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Mach additional sheets	i, if necessary). (- "	<u>j nere</u> :		
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f an amendment provi provisions for implem (if not applicable, i	enting the amendi Indicate N/A)	ge, reclassificatio ment if not contai	on, or cancellation ined in the amend	n of issued shares, Iment itself:	
	NIA				
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			· · · · · · · · · · · · · · · · · · ·		
		,			
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The date of each amendment(s) ad	option:, if other than the
date this document was signed.	
.Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.
☐ The amendment(s) was/were app must be separately provided for	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 add action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated 74	May 115/
Signatura	P/
(By a/s	frector, president or other officer - if directors or officers have not been
	d, by an incorporator if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PAES
	(Title of person signing)