## P150000 45972

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TALLAHASSEE FLORIDA

JUN 17 2015 T CANNON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Xquisite Event Pro	ductions				
DOCUMENT NUMBER: P15000045972					
The enclosed Articles of Amendment and fee are sub	omitted for filing.				
Please return all correspondence concerning this mat	ter to the following:				
ANN BEN ARI					
	Name of Contact Person				
DANIEL EVENT					
<del></del>	Firm/ Company				
601 N. CONGRESS AVE. ST	ΓΕ.102				
	Address				
DELRAY BEACH FL. 33445	5				
	City/ State and Zip Cod	e			
ann@danielevents.com					
•	ed for future annual report	notification)			
	·				
For further information concerning this matter, pleas	e call:				
ANN BEN ARI	at (561	393-1432			
Name of Contact Person	at (561 ) 393-1432  Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:			
\$35 Filing Fee \$\text{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	Street Address Amendment Section Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

XOUISITE EVENT PRODUCTIONS, INC.

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P15000045972	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartere 1," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	601 N. CONGRESS AVE STE.303
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	DELRAY BEACH, FL 33445
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	DANIEL EVENT
	601 N. CONGRESS AVE. STE.102
	DELRAY BEACH, FL.33445
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	ldress in Florida, enter the name of the
Name of New Registered Agent  N/A	
	ω 5
(Florida .	street address)
New Registered Office Address:	, Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt:
I hereby accept the appointment as registered 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 <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 cs 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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	OFER BENARUYA	11056 WHISPERING PINES LAN
X Add			BOCA RATON FL. 33428
Remove			
2) Change	S	YONATAN TOUITOU	9222 TIVOLI PLACE
X Add			BOCA RATON FL 33434
Remove			
3) Change	<u>T</u>	YONATAN TOUITOU	9222 TIVOLI PLACE
X Add			9222 TIVOLI PLACE PD BOCA RATON, FL 33434 2: 133
Remove			13 IUA
4) Change	<del></del>		
Add			
Remove			
5) Change			
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If an amendment provides for an exchange, reclassification, or cancellation of issued shar provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	es,
<del></del>	

The date of each amendment(s) add	MAY 22 2015  pption:	, if other than the
date this document was signed.		
JUNI Effective date <u>if applicable</u> :	3 2015	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this blocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will artment of State's records.	l not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appr must be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	15
■ The amendment(s) was/were adopted action was not required.	ted by the board of directors without shareholder action and shareholder	CRETAI
☐ The amendment(s) was/were adopaction was not required.	ted by the incorporators without shareholder action and shareholder	Hd 8
JUNE <b>3</b> 201 Dated	5	STATI LORII 2: 1
Signature	Sh	ω OF
selected.	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	<del></del>
(	DFER BENARUYA	
<del>-</del>	(Typed or printed name of person signing)	<del></del>
Ī	PRESIDENT	
_	(Title of person signing)	<del></del>