## P15000081915

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Amend Name

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORA	TION:Ai	ngelika Grace, Inc.	
DOCUMENT NUMBE	R:	5000086915	
The enclosed Articles of	Amendment and fee are sul	bmitted for filing.	·
Please return all correspo	ndence concerning this mat	tter to the following:	
		Angelika Graca	
		Name of Contact Person	1
		Firm/ Company	
	130	50th Terrace N.	
_		Address	,
	St	. Petersburg, FL. 33703	
_		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	notification)
For further information of Angelika Gr	concerning this matter, pleas	se call: . 727	735-1500
	Contact Person	at (	de & Daytime Telephone Number
	he following amount made		•
\$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)
Amen Divisi P.O. B	ng Address dment Section on of Corporations ox 6327 assee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301

## **Articles of Amendment Articles of Incorporation**

## TALLAHASSEE FLORIDA of

A	пденка Стасе, іпс.	(A)	$\lambda B_{20}$
(Name of Cou	poration as currently filed with the I	lorida Dept. of State)	755 6 OF.
P	15000086915		,c. 25
	Document Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Florida Profit Co	rporation adopts the follow	ing amendme
A. If amending name, enter the new name of	the corporation:		
Angelika Graca, Inc.			The new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co". A profession		
B. <u>Enter new principal office address, if app</u> (Principal office address <u>MUST BE A STREE</u>	licable: TADDRESS)		
C. Enter new mailing address, if applicable			
(Mailing address <u>MAY BE A POST OFFI</u>	CE BOX)		<del></del>
		<del>-</del>	<del></del>
D. If amending the registered agent and/or i		iter the name of the	
new registered agent and/or the new regi			
Name of New Registered Agent	Angelika Graca		
	130 50th Terrace N.		
	(Florida street address)		
New Registered Office Address:	St. Petersburg	Florida 3370.	3
	(City)	(Zi	p Code)
N . Th. tra. A.A. at 6t a see to			
New Registered Agent's Signature, if changing the selection of the second second as registered as the second secon		e obligations of the positior	7.
	G	GJ Fazimon	
	.10		
	Ligrara		<del></del>
	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	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	Angelika Graca	130 50th Terrace N.
Add			St. Petersburg, FL. 33703
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
an amendment provides for an exclusions for implementing the	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself;
	nument is not contained in the amendment itself,
(if not applicable, indicate N/A)	•
(if not applicable, indicate N/A)	

10/27/2015	if other than the
The date of each amendment(s) adoption:late this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date valuement's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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 adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10/27/15  Signature (By a director, president or other officer – if directors or officers have not been	
Signature Alviaca	
(By a director, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator – it in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Angelika Graca	
(Typed or printed name of person signing)	
President	
(Title of person signing)	