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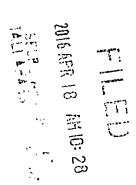
(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
(В	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to	Filing Officer:		
		<u>.</u> ,	





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Amend

APR 19 2016

ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: OLEG KRYUKOV	INC		
DOCUMENT NUMBER: P16000025 Q Q &			
The enclosed Articles of Amendment and fee are sub	omitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
ILANA ARTZY			
······································	Name of Contact Person		
LAW OFFICE OF ILANA K.	ALICHMAN-ARTZY, PA		
-	Firm/ Company		
19390 COLLINS AVENUE,	SUITE B3		
	Address		
SUNNY ISLES, FLORIDA 3	3160		
	City/ State and Zip Code		
IARTZY@IKALAW.COM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
ILANA ARTZY	at (305) 733-0933		
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	□\$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 P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301



April 6, 2016

ILANA ARTZY LAW OFFICE OF ILANA KALICHMAN-ARTZY PA 19390 COLLINS AVENUE - STE. B3 SUNNY ISLES, FL 33160

SUBJECT: OLEG KRYUKOV INC Ref. Number: P16000025668

We have received your document for OLEG KRYUKOV INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

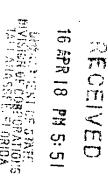
The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 116A00006990



Articles of Amendment to Articles of Incorporation of

1/4	En
2016 APP 18	
TALLIA A	¹ H 10: 25

OLEG KRYUKOV INC

(Name o	of Corporation as currentl	ly filed with the Florida Dept. of State)
P16000025		
	(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new na	ime of the corporation:	
		The new
	ation "Corp," "Inc," or "	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the 'P.A."
B. Enter new principal office address, if applicable:		3901 S. OCEAN DRIVE, SUITE 11G
Principal office address <u>MUST BE A S</u>		HOLLYWOOD, FLORIDA 33019
C. Enton nous mailing address if annii	lankla.	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)		3901 S. OCEAN DRIVE, SUITE LIG
		HOLLYWOOD, FLORIDA 33019
D. If amounting the registered agent and	d/an nagistanad affice add	uses in Elevide, enter the name of the
 If amending the registered agent an new registered agent and/or the new 		
Name of New Registered Agent	ALESIA VALSHYNA	
induce of the integration and ingent	1600 S. OCEAN DRIVE,	SUITE 3D
	(Florida str	reet address)
New Registered Office Address:	HOLLYWOOD	Florida 33019
		(City) (Zip Code)
New Registered Agent's Signature, if c		: with and accept the obligations of the position.
The state of the s	,	
	~	HV/
	Signature of New J	Registered Agent, if changing
	Signature of New A	togistered 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.

X Change	<u>PT</u> <u>Joh</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	<u>v</u>	ALESIA VALSHYNA	1600 S. OCEAN DRIVE
X Add			SUITE 3D
Remove			HOLLYWOOD, FLORIDA 33019
2) X Change	P	OLEG KRYUKOV	3901 S. OCEAN DRIVE
Add			SUITE 11G
Remove			HOLLYWOOD, FLORIDA 33019
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	NIA	
	NIA	
	NIA	
	NIA	

	a	
n amendment provides for an exchange, reclassification, o	cancellation of issued sl	ıares,
ovisions for implementing the amendment if not contained (if not applicable, indicate N/A)	in the amendment itself:	
(g nev approacto, marcare twill)	NIA	
		
		

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	•	
M.	ARCH 23, 2016	
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	nt(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	"	
0,	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	lder
MARCH	23, 2016	
Dated		
Signature_	Dignocul	
(By a selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	OLEG KRYUKOV	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	