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Amend cus

OCT - 4 2016 I ALBRITTON

COVER LETTER

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION: UP AND DOWN SYSTEMS OR A	
DOCUMENT NUMBER: 8 / 6 0000 3 2 4 2 1	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JEAN-PICRAC KHORDOC Name of Contact Person	
UP AND JOWN SYSTEMS CORP	
290 SEMINOCE BLUD NW Address	
PPRT CITAR LOTTE FL 33 952 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification),	
For further information concerning this matter, please call:	
TP KI+ OR Doc at (941) 249-9750 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:	
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Amendment Section	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314...

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

to

(Name of Corp	37576	ty CORA		
			Dept. of State)	
P1600003242	Pagumant Number	of Corporation (if known)		
(L	Jocument Number	of Corporation (11 known)		
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	lorida Statutes, th	is <i>Florida Profit Corporatio</i>	n adopts the following	ng amendment(s
A. If amending name, enter the new name of	the corporation:			
N/A				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co" or the designation "word "chartered," "professional association," of	'Corp," "Inc," or	"Co". A professional corp	orporated" or the a poration name must	Thbreviation contain the
B. Enter new principal office address, if appli		NA	t	
(Principal office address <u>MUST BE A STREET</u>	<u>(ADDRESS</u>)		VCE SEC	2016
			23	SE
			<u> </u>	128
C. Enter new mailing address, if applicable:	IT DAY	N/A	: <u>0</u>	
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>E BOX</u>)	//!	The Tribes Fribes (TD -1)	1 To
			<u> </u>	
			J	
D. If amending the registered agent and/or re new registered agent and/or the new registered			name of the	į
Name of New Registered Agent	NA			4
	· · · · · · · · · · · · · · · · · · ·			_
	(Florida	street address)		_
New Registered Office Address:	N/A		, Florida	
	,	(City)		Code)
New Registered Agent's Signature, if changing	a Dogistared Age			
I hereby accept the appointment as registered ag	ent. I am familia	nt: r with and accept the obligat	ions of the position.	
	n/	4		
	Signature of New	4 Registered Agent, if changin	ng	_

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>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>: Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	<u>vr</u>	BEMBO BENJAMIN	1422 SHEMINGU VAL VALBONNE TARTIN
Add-			VALBONNE
X Remove			FRANCE FR 06560
2) Change		DURANT AMANJINE	1422 CHEMIN DU VALMARTIN
Add			FRANCE FR. 06560
X Remove			
3)Change			
Add			
Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A)	
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(if not applicable, indicate N/A)	
N/A	

The date of each amendment(s) adoption: _date this document was signed.	n/A	, if other than th
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applicable statutory filing requirements, this cof State's records.	date will not be listed as th
Adoption of Amendment(s) (C	CHECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	ne shareholders. The number of votes east for the amendment rapproval.	t(s)
	the shareholders through voting groups. The following statening group entitled to vote separately on the amendment(s):	nent
	nendment(s) was/were sufficient for approval	
by	voting group)	
(v	voting group)	
☐ The amendment(s) was/were adopted by th action was not required.	ne board of directors without shareholder action and sharehold	der
The amendment(s) was/were adopted by th action was not required.	ne incorporators without shareholder action and shareholder	
Dated SEATEM	BER 23 2016	
$\Omega \Omega $	1,	
Signature		
	esident or other officer - if directors or officers have not been	
	ecorporator – if in the hands of a receiver, trustee, or other contry by that fiduciary)	urt
	TP KHOR DO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	