P16000039396

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	» #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ASHLEY SIKANI	DINC			
	BER: P16000039396				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	ASHLEY SIKAND				
		Name of Contact Person	1		
	ASHLEY SIKAND INC				
		Firm/ Company			
	3522 AUTUMN GLEN DRI	VE			
	Address				
	VALRICO, FL 33596				
		City/ State and Zip Cod	e		
sikar	nd.ashley@gmail.com				
		sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
ASHLEY SIKAND		at (<u>813</u>	765-5338		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or 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)		
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

Articles of Amendment to Articles of Incorporation of

ASHLEY SIKAND, INC.

(Name of Corpor	ration as currently filed with the Florida Dept. of State)
P16000039396	The state of the s
(Do	ocument Number of Corporation (if known)
D	
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amend
ns Articles of medipolation.	્રાપ્તિ છે.
A. If amending name, enter the new name of the	e corporation:
NIA.	The
name must be distinguishable and contain the	word "corporation," "company," or "incorporated" or the abbrevia
	'orp," "Inc," or "Co". A professional corporation name must contain
D. Enten new mainsinglesses address is smaller	.Ll
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>BOX</u>)
D. If amending the registered agent and/or regis	stered office address in Florida, enter the name of the
new registered agent and/or the new register	red office address:
Name of New Registered Agent N	14 -
traine of their Registered rigeri	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing I	Registered Agent: nt. I am familiar with and accept the obligations of the position.
i hereby accept the appointment as registered agen	u. 1 am jamular wun ana accept the ootigations 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 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	ST	KATHY SIKAND	3522 AUTUMN GLEN DR
X Add			VALRICO, FL 33596
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			-
4) Change			
Add			
Remove			
5) Change			
Add			***
Remove			
6) Change	·		<u> </u>
Add			
Remove			

	g additional Articles ets, if necessary). (I	Be specific)			
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an amandment are	menting the amendr	nent if not conf	ained in the ame	on or issued snare: idment itself:	<u>5</u> -
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•	e, indicate N/A)				

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
<u> </u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	ock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendme ficient for approval.	nt(s)
	roved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholder action and shareholder	older
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
DatedSignature	Ishley Hi Kard	
selected	rector, president or other officer — if directors or officers have not be, by an incorporator — if in the hands of a receiver, trustee, or other ced fiduciary by that fiduciary)	
	ASHLEY SIKAND	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	