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SECNETARY OF STATE

AUG 25 2016 C. CAPROTIERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: VALER'S CORP		
DOCUMENT NU	P16000047084		
The enclosed Artic	les of Amendment and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	KATHERINE G VALER		
		Name of Contact Person	1
	VALER'S CORP		
		Firm/ Company	
	4085 EAST 8TH AVE		
		Address	
	HIALEAH, FL 33013		
		City/ State and Zip Cod	e
	ation concerning this matter, pleas		657 5660
KATHERINE G VALER		at (037-3000
Na	me of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a chec	k for 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			Address Iment Section

Articles of Amendment to Articles of Incorporation of

VALER'S CORP	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P16000047984	
(Docume	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corp	poration:
	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the all B. Enter new principal office address, if applicable:	"corporation," "company," or "incorporated" or the abbreviation. "Inc," or "Co". A professional corporation name must contain the observation "P.A."
(Principal office address <u>MUST BE A STREET ADDR</u>	RESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
Now Paristanad Office Address	
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept the obligations of the position.
Signal	ture 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	P	FREDDY M VALER	4085 E 8TH AVE
Add X Remove			HIALEAH, FL 33013
2) Change	SEC	YOAN CAPOTE	4085 E 8TH AVE
Add		_	HIALEAH, FL 33013
X Remove			
3) X Change	P	KATHERINE G VALER	4085 E 8TH AVE
Add			HIALEAH, FL 33013
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attac	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)
	· · · · · · · · · · · · · · · · · · ·
<u>If an</u> pro	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption:, if other than the date this document was signed.
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 will not be listed as the document's effective date on the Department of State's records.
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)
☐ 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.
08/11/2016 Dated Signature 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
KATHERINE G VALER
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)