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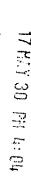


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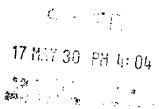


COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	ON: AVAS BUSINESS	GROUP, INC.			
DOCUMENT NUMBER:	P16000071435		, <u>.</u>		
The enclosed Articles of An		bmitted for filing.			
Please return all correspond	ence concerning this ma	tter to the following:			
SHU	BH SHARMA				
- · · · · ·		Name of Contact Person	l		
AVA	AVAS BUSINESS GORUP INC.				
3059	Firm/ Company 3059, 212TH ST W				
Address					
FARMINGTON, MN, 55024					
	City/ State and Zip Code				
		City/ State and Zip Code	,		
	IARMA01@GMAIL.CO				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information concerning this matter, please call:					
SHUBH SHARMA		at (2262224		
Name of Cor	itact Person		le & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department 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)		
P.O. Box	nt Section of Corporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment to Articles of Incorporation of



AVAS BUSINESS GROUP INC.

(Name of Corporation as cu	irrently filed with the Florida Dept. of State)
P16000071435	
(Document Nur	mber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	on:
name must be distinguishable and contain the word "corp "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevia	The new poration," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the ation "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered officenew registered agent and/or the new registered office agent and/or the new registered agent a	
Name of New Registered Agent	
(Flo	rida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered . I hereby accept the appointment as registered agent. I am fan	
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.

X Change	PT John	<u>Doe</u>	
X Remove	V Mike	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	OFFICE K	SHARMA S	10752 DEERWOOD PARK BLVD
Add			S., WATERVIEW II, STE 100
X Remove			JACKSONVILLE, FL 32256
2) Change	P	SUBH SHARMA	3059, 212th Street W
Add			Farmington, MN 55024
X Remove			
3) Change	Trea	SUBH SHARMA	3059, 212th Street W
Add			Farmington, MN 55024
X Remove			
4) Change	Dire	SUBH SHARMA	3059, 212th Street W
Add			Farmington, MN 55024
X Remove			
5) Change	OFFICE &	K M SHARMA	10752 Deerwood Park Blvd S
XAdd			Waterview II, Suite 100
Remove			Jacksonville, FL 32256
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
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If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

	05/15/2017	
The date of each amendment(s) a	doption;	, 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 document's effective date on the D	block does not meet the applicable statutory filing requirements, this date we epartment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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 ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
05/18/201	7	
DatedSignature	KSham	
(By a c	irector, president or other officer - if directors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoir	ted fiduciary by that fiduciary)	
	K M Sharma	
	(Typed or printed name of person signing)	
	Officer	
	(Title of nerson signing)	