Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000190404 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Address.			
Milliance.			

COR AMND/RESTATE/CORRECT OR O/D RESIGN OVERSEAS WOODCRAFT CORPORATION					
Certificate of Status	0				
Certified Conv					

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

1111, 2 Help 1. 'EMIEUX



H17000190404

Articles of Amendment to Articles of Incorporation of

LAZARUS

OVERSEAS WOODCRAFT CORPO					
(<u>Nam</u> P16000096257	e of Corpor	ration as currently filed with t	he Florida Dept	L of State)	
	(Doc	cument Number of Corporation	(if known)		·— · <u>—</u>
Pursuant to the provisions of section to					
Pursuant to the provisions of section 60 its Articles of Incorporation;	7.1006, Flor	rida Statutes, this Florida Profi	t Corporation ad	opts the following a	imendment(s) t
4. If amending name, enter the new	name of the	corporation:			
name must be distinguishable and co	mtain ska	and the same of th			he new
name must be distinguishable and co "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations	nation "Coi ation," or th	rp," "Inc," or "Co". A profe he abbr e viation "P.A."	P," or "incorporational corporational corpor	rated" or the abbi tion name must con	eviation Itain the
B. Enter new principal office address Principal office address MUST BE A.	, if applicat STREET AL	DDRESS)			
					
V 1700000				<u> </u>	
Enter new mailing address, if app (Mailing address MAY BE A POST	<u>licable:</u> ' <i>OFFICE B</i>	10X0			
					
				-	_ _
If amount to the second					
. If amending the registered agent as new registered agent and/or the ne	nd/or registered	ered office address la Florida. d office address:	enter the name	of the	
Name of New Registered Agent		. _			
	1470 NW 1	107TH AVENUE, SUITE E			
		(Florida street address)	<u> </u>	<u> </u>	
New Registered Office Address:	IMAIM	<u>. </u>	a a	Torida	
		(Ciry)	· · · · · · · · · · · · · · · · · · ·	(Zip Code)	}
ov Registered Agent's Signature, if cl	hanging Res	gistered Agent:		નુ ઝ ા	
areby accept the appoinment as regist	eren ugent.	I will jamiliar with and accept i	the obli <u>s</u> ations o	(the position)	
				AHA AHA	Ti
		- CV - D		ASS.	مونسون مونسون
	sign.	nature of New Registered Agent,	if changing	SEE NO	1
				م پرجز	1 12 神楽
				6F E	
		Page 1 of 4	H 1-70	愛 E 1 00 190	I A D

H170001904.04

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	PI	John Doe	
X Romove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
i) X Change	PTD	KRONBERG, ANETTE LERNER	16001 COLLINS AVENUE
Add			#3406
Remove			SUNNY ISLES BEACH,FL 33160
2) X Change	VPS	PONS, RAUL M.	14105 SW 66 STREET, C5
Add			MIAMI, FL 33182
Remove			
3) Change			
Add			
Remove			
4) Change	****		
A dd			
Remove			
5) Change			
Add			
Remove			
ර) Change			
Add			
Remove			

3052201440

H17000190404

If amending oy adding additional Ari Attach additional sheets, if necessary).	(Be specific)
an amendment provides for an exchaprovisions for implementing the amer (If not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:

H17000190404

date this document was signed.	Joption:	if other than t
Effective date if applicable:		
	(no more than 90 days after amendment file a	late)
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirempartment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(a) was/were ado by the shareholders was/were au	pted by the shareholders. The number of votes cast for the afficient for approval.	amendment(s)
The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amenda	ving statement nont(s):
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
western was not required.	eted by the board of directors without shareholder action and shareholder action action action action and shareholder action	
Dated 7	19 17	,
Signature (By a dir selected,	by an incorporator – if in the hands of a receiver, trustee, or	e not been
appointe	d fiduciary by that fiduciary)	diner court
R	AUL M. PONS	
	(Typed or printed name of person signing)	
v	P, S	
-	(Title of person signing)	