## P17000031953

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: TYHAN GROUP I	INC		
DOCUMENT NUMB	P17000021953			
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	MARIE FRANCIS			
-		Name of Contact Person	1	
	TYHAN GROUP INC			
-	Firm/ Company			
	1860 NW 29 ST			
-	·	Address	•	
ı	OAKLAND PARK FL 3331	1		
-		City/ State and Zip Code	2	
TYHA	AN GROUP INC@GMAIL.C	ЮМ		
	=	sed for future annual report	notification)	
		•	,	
For further information	concerning this matter, pleas	se call:		
MARIE FRANCIS		at (	204-6517	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check 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)	
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

## Articles of Amendment to Articles of Incorporation of

TYHAN GROUP INC

(Name of Corporation as curren	tly filed with the Florida Dept. of	State)
P17000021953	•	<del></del>
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts	the following amendment(s)
A. If amending name, enter the new name of the corporation:		FIL
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp,," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation	d" or the rathereviation name must contain the
	2933 NW 17 TER	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	OAKLAND PARK	
	FL 33311	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1860 NW 29 ST	
	OAKLAND PARK	
	FL 33311	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		f the
Name of New Registered Agent ALFRED FRANCIS		
1860 NW 29 ST		•
(Florida :	street address)	
New Registered Office Address:	, Flo	orida 33311
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia	nt: or with and accept the obligations of	the position.
	<del></del>	
Signature of New	v 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
(Check One)  1) Change	A	ALFRED FRANCIS	1860 NW 29 ST
Add			OAKLAND PARK
Remove			FL 33311
2) Change			47
Add			-
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
6) CI			
5) Change			
Add			-
Remove			
6) Change			
Add			Seri-Filidania edi.
Remove			

(Attach additional sheets, if necessary).	(Be specific)
, <del>,</del>	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
	· · · · · · · · · · · · · · · · · · ·
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
11 11 11 11 11 11 11 11 11 11 11 11 11	
***	

	04/17/2017	
The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	17/0017	
Effective date if applicable:	17/2017 ·	
	(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 vepartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ 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) ufficient 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)	
☐ 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	
04/17/201° Dated	7	
<del></del>		
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	<del></del>
	MARIE FRANCIS	
	(Typed or printed name of person signing)	<del></del>
	PR	
	(Title of person signing)	