P176000337739

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SANZAVI	PUBLISHING, INC.	
DOCUMENT NUMBER: P17000027739		
The enclosed Articles of Amendment and fe	ee are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
ALLEN JACOBI		
- Olive is the second of the s	Name of Contact Person	n
THE LAW OFFICE	OF ALLEN JACOBI	
	Firm/ Company	
11077 BISCAYNE B	OULEVARD, SUITE 200	
	Address	
MIAMI, FL 33161		
	City/ State and Zip Cod	e
allen@allenjacobilaw.com		
	to be used for future annual report	potification)
13 man acas 633. (to be able to future annual report	normeation,
For further information concerning this matter	er, please call:	
ALLEN JACOBI	at (305) 893-5644 de & Daytime Telephone Number
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amoun	t made payable to the Florida Depa	artment of State:
■ \$35 Filing Fec □\$43.75 Filing I Certificate of S		□\$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	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

SANZAVE PUBLISHING, INC.			
(Name o	of Corporation as current	y filed with the Florida Dept. of State	2)
P17000027739			
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		TO THE WAY
name must be distinguishable and con "Corp.," "Inc.," or Co., " or the design word "chartered," "professional associa B. Enter new principal office address, (Principal office address MUST BE A S C. Enter new mailing address, if appli (Mailing address MAY BE A POST) D. If amending the registered agent an	ation "Corp," "Inc," or " tion," or the abbreviation ' if applicable: TREET ADDRESS) cable: OFFICE BOX)	CO". A professional corporation nam 'P.A." N/A N/A	
new registered agent and/or the new			
Name of New Registered Agent	ALLEN JACOBI, ESQ.		
	11077 BISCAYNE BOUL	EVARD, STE 200	
	(Florida str	eet address)	
New Registered Office Address:	MIAMI	. Florida	33161
		(City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligations of the po	osition.
	Signature of New I	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 Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u>P</u>	JEMMA EMMANUEL	
Add X Remove			
2) Change	P	JEMA EMMANUEL	
X Add			
Remove 3) Change	P	MICHELO ST. ELROY	
Add X Remove			
4) Change	<u>P</u>	MICHELO ST. ELOI	
X Add			
Remove			
5) Change			
Add			•
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	
	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A) N/A	
	-

The date of each amendment(s) adoption: date this document was signed.	, if other than the
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 document's effective date on the Department of State's records.	e will not be listed as the
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):	t
"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.	
4/19/2017	
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)	
MICHELO SIFULT	
(Typed or printed name of person signing)	
PRESTDENT	
(Title of person signing)	<u> </u>