P17000031865

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SECRETARY OF STATE

MAY 17 2017 S. PRATHER

COVER LETTER

TO: Amendment Section

Division of Corporations HAZEN TECHNOLOGIES NAME OF CORPORATION: ___ P 17000031865 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ZAFAR
Name of Contact Person Firm/ Company 4900 Sw 74 CT
Address Miami, FL 33155

City/State and Zip Code SyEDZ 416@ Yahos-Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (3 5 5) 905-6443

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$52.50 Filing Fee □\$43.75 Filing Fee & **☎** \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HAZEN TECHN	VOLOGIES INC
	rrently filed with the Florida Dept. of State)
P 170000	31865
	nber of Corporation (if known)
·	s, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	on:
	The new
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	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	
	5g 4

C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SSS 7
(Mutting undress MAT BE A FOST OF FICE BOX)	ਹੁੰਕ ਤੋਂ ਪ
	22
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Flo	rida street address)
	,
New Registered Office Address:	, Florida (City) (Zip Code)
	(City)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am far	miliar with and accept the obligations of the position.
Signature of	New Registered Agent, if changing
aignature of	Tion Technici on Italin, il citandina

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>	Name	Address
1) Change	<u>V P</u>	Babar Shahzad	6314 NW 781 Place
Add			Parkland, FL 3306
Remove			
2) Change			6051 NW 41 St Drive
Add		ON KWWACK	Coral Springs,
Remove			FL 33.67
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	•		
Add			
Remove			
6) Change			
Add	-		
Remove			

	(Be specific)	
		·
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

The date of each amendment(s) add date this document was signed.	option:	, if o	ther th	nan the
Effective date if applicable:	05 - 15 - 17 (no more than 90 days after amendment file date)			
	(no more than 90 days after amendment file date)			
Note: If the date inserted in this blodocument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date wartment of State's records.	ill not be	listed	as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)			
☐ The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.			
	oved 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	or the amendment(s) was/were sufficient for approval			
by	(voting group)			
☐ The amendment(s) was/were adoptaction was not required.	ted by the board of directors without shareholder action and shareholder	SECR	-17 MJ	
Dated Signature (By a directed)	ector, president or other officer if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court of fiduciary by that fiduciary) (Typed or printed name of person signing)	RETARY OF STAIL AHASSEE, FLORIDA	W 17 PH 1:37	
-	(Title of person signing)			