P180000 48865

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	· #)
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(Doc	ument Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: Vascint 1 Inc P180000 48865 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Masaryktown. FL 34604 City/State and Zip Code misha 8300 @yahoo - Com
E-mail address: (to be used for future annual report notification) 352-277-2890 For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **□\$**43.75 Filing Fee & □\$52.50 Filing Fee S35 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

10

Articles of Incorporation

of

VASANT 1 INC	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 18000048865	
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Flits Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	= 1
(Mailing address MAY BE A POST OFFICE BOX)	
	, i
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
	· Oc. TT-7
Name of New Registered Agent Leobigil	(DKALLE
(Florida stree	
<u> </u>	*
New Registered Office Address: 7968 Cv4STG	Bruil Civ Florida (Zip Code)
	(34 3333)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Aubyll Buck	
Signature of New Reg	gistered 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> <u>John</u>	1 Doe	
X Remove	V Mike	e Jones	
X Add	<u>SV</u> <u>Sally</u>	y <u>Şmith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change	ρ	SANGITA PATEL	16134 Hurbanst.
Add			Masary Ktowin.
Remove			Masary Myowni. FL. 34604 =
2) Change	SV	Laobigildo Benter	
X Add			Bruksville #1-3460
Remove			
3) Change			
Add			
Remove			
4) Change	 		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	~ ~		
Add			
Remove			

f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
(accordant states), y weekseary).	
	<u> </u>
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	ئت
	است ترین
	مسر
	- ,
	-
f 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)	
	. <u> </u>
/	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 12/3//2018	
(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 widocument's effective date on the Department of State's records.	ll 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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	-2
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 12/31/2018 Signature Schy Ball	
Signature Sampboul	
(By a director, president or other officer – if directors or officers have not been	.л
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	ı
Sangital (Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Pocsident	
(Title of person signing)	