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2018 JUL -2 AMIO: 36

C. GOLDEN

JUL - 6 2018

## COVER LETTER

**TO:** Amendment Section Division of Corporations

٠.

NAME OF CORPORATION:	RADI	HATHAI INC				
DOCUMENT NUMBER:						
The enclosed Articles of Amenda	ment and fee are sul	omitted for filing.				
Please return all correspondence	concerning this mat	ter to the following:				
	DOM	NIC JOHN				
	Name of Contact Person					
DJ&J ASSOCIAES						
<del></del>	Firm/ Company					
	2400 SE 36TH AVE, STE 104					
	Address					
	OCALA, FLORIDA 34471					
		City/ State and Zip Code	0			
	dj_ver	nad@yahoo.com				
E-ma	il address: (to be us	ed for future annual report	notification)			
For further information concernic	ng this matter, pleas	352	<b>694-2004</b>			
Name of Contact Person		at (at Co	de & Daytime Telephone Number			
Enclosed is a check for the follow	wing amount made p	payable to the Florida Depa	artment of State:			
	3.75 Filing Fee & rtificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$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		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301			

## Articles of Amendment to Articles of Incorporation of

## FILED

2018 JUL -2 AM 10: 36

RADHATHAI INC

SECRETARY OF STATE

	iled with the Florida Dept. of State)LAMASSEE, FLORI
P18000049	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
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 <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
(Florida stree	t address)
New Registered Office Address:	. Florida
	ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.

Signature of New 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 Doc 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.

X Change	<u>PT</u>	John Doc			
X Remove	<u>v</u>	Mike Jones			
<u>X</u> Add	$\underline{SV}$	Sally Smith			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
1) Change	VP	NAYAN R PATEL	7791 GATEWAY LANE		
Add			POWELL, OH 43065		
X : Remove					
2) Change	Р	RADHIKA S PATEL	2026 SAMANTHA LANE		
X Add			VALRICO		
Remove			FLORIDA 33594		
3) Change					
Add					
<del></del>					
Remove					
4) Change		<u> </u>			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

<u>Famending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)
<u>.</u> <u></u>	
	<u> </u>
<u> </u>	
	to the state of th
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Thanker I have contained in the united states of the contained in the united states of the contained in the
-	
	_

	06/15/2018	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
-	06/15/2018	
Effective date if applicable:	(no more than 90 days after amendmen	it file date)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing re Department of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast f sufficient for approval.	for the amendment(s)
	pproved by the shareholders through voting groups. The core each voting group entitled to vote separately on the core	
	st for the amendment(s) was/were sufficient for approve	al
by	(voting group)	_,"
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder ac	ction and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action	and shareholder
06/28/20 Dated		
selec	Doi. Action  director, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, trinted fiduciary by that fiduciary)	
	AMI G PATEL	
	(Typed or printed name of person signing	(;)
	PRESIDENT	
	(Title of person signing)	