

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000243490 3)))



H190002434903ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

: KIJOENNA SERVICES INC

T	a	:
	-	•

Division of Corporations Fax Number : (850)517-6380

Account Number : 12008000033

Account Name

Fax Number

Phone

From:

RECEIVER

R. WHITE **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

: (305)644-3055

: (305)644-3052

Email Address

COR AMND/RESTATE/CORRECT OR O/D RESIGN HAPPY BOX CORP Certificate of Status 1 Certified Copy 0 Page Count 01 Estimated Charge \$43.75

Electronic Filing Menu Corporate Filing Menu

Help .

ភ

Aug. 20: 2018 4	:329 KIJOENNA SERV	TICES	No. 2611	P. 3/7
	· · ·	<u>COVER LETTER</u>		
TO: Amendment Sec Division of Corp				
NAME OF CORPO	RATION: HAPPY BOX COP	97 	· · · · · · · · · · · · · · · · · · ·	
DOCUMENT NUM	BER:		· · ·	
The enclosed Articles	of Amendment and fee are sub	omitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	ENNA DIEPPA			
	·	Name of Contact Persor		
	KIJOENNA SERVICES IN	c		
		Firm/ Company		
	2141 SW 1 ST SUITE 110			
	MIAMI FL 33135	Address		
		City/ State and Zip Code	e	,
KRI	SJOENNA@YAHOO.COM			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	on concerning this matter, pleas	e call:		
ENNA DIEPPA		at (305	6443055	
Name	of Contact Person		de & Daytime Telephone Numbe	r
Enclosed is a check f	or the following amount made ;	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	·
An Di P.C	ailing Address nendment Section vision of Corporations D. Box 6327 liabassee, FL 32314	Ameno Divisio Cliftor 2661 E	Address Iment Section on of Corporations building Exécutive Center Circle assee, FL 32301	

.

<u>·</u> ·

+

- 1

u

.

.

.

15

.

,

Aug. 20. 2018 4:32PM KIJOENNA SERVICES

Aug. 20. 2	2013	4:32PM	KIJOENNA	SERVICES	No. 2611 P. 4/7
				Articles of Amendment	FILED
				Articles of Incorporation of	2018 AUG 20 AM 8: 15
HAPPY BOX	CORF	2			SECRETARY OF STATE
	_	(Name of Corp.	oration as currently filed with the Flo	prida Dept. of State ASSEE, FL
P1800007088	81				
			(D	ocument Number of Corporation (if kn	own)
Pursuant to the its Articles of I			on 607.1006, Fi	orida Statutes, this Florida Profit Corp	poration adopts the following amendment(s) to
A. <u>If amendin</u>	<u>le nam</u>	e, enter the	new name of t	he corporation:	

.

The new name must be distinguishable and contain the word "corporation," "con.pcny," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address) 🕔

New Registered Office Address: ____ _, Florida_ (C_{1}) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Aug. 20. 2018 4:32PM KIJOENNA SERVICES

No. 2611 P. 5/7

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	Y	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
l) Change	s	HERNANDEZ RODRIGUEZ FREI	8377 NW 68 ST
X Add			MIAMI FL 33166
Remove		· .	
2) Change			·
Add			
Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove		· · ·	
5) Change	. <u> </u>		<u> </u>
Add			
Remove			
6) Change			
Add			
Яспоче			
		· Page 2 of 4	

Aug. 20. 2018 4:32PM - KIJOENNA SERVICES

.

E. If amending or adding addi (Attach additional sheets, if n	ecessary). (Be specific)		
		· · · · · · · · · · · · · · · · · · ·	
			·
	•		
· · · · · · · · · · · · · · · · · · ·			
		·	
	<u> </u>		
	<u> </u>		
	·		
	·····		
F. If an amendment provides t	for an exchange, reclassif	fication, or cancellation	of issued shares,
provisions for implementing	ng the amendment if not	contained in the amend	ment itself:
(if not applicable, indic	ate N/A)		
<u> </u>			
	· · · · · ·		
·			
· · · · · · · · · · · · · · · · · · ·			

Page 3 of 4

No. 2611 P. 6/7

	KIJOENNA SERVICES	No. 2611 P. 7/7
The date of each amendment(s) a	08/20/2018 adoption:	, if other than
date this document was signed.		
08/ Effective date <u>if applicable</u> :	17/2018	
	(no more than 90 days after am	endment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory f epartment of State's records.	iling requirements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the sharebolders was/were st	opted by the shareholders. The number of vote ufficient for approval.	s cast for the amendment(s)
	proved by the shareholders through voting grou r each voting group entitled to vote separately	
"The number of votes cast	t for the amendment(s) was/were sufficient for a	approval
by		
	(voting group)	
The amendment(s) was/were address action was not required.	opted by the board of directors without shareho	lder action and shareholder
action was not required.		
selecte	director, president or other officer – if directors ed, by an incorporator, – if in the hands of a rece ated fiduciary by that fiduciary) CIMOLINO SHARON	ziver, trustee, or other court
Dated Signature (By a c selecte	director, president or other officer – if directors ed, by an incorporator,– if in the hands of a rece ated fiduciary by that fiduciary) CIMOLINO SHARON (Typed or printed name of person	ziver, trustee, or other court
Dated Signature (By a c selecte	director, president or other officer – if directors ed, by an incorporator, – if in the hands of a rece ated fiduciary by that fiduciary) CIMOLINO SHARON	ziver, trustee, or other court
Dated Signature (By a c selecte	director, president or other officer – if directors ed, by an incorporator,– if in the hands of a rece ated fiduciary by that fiduciary) CIMOLINO SHARON (Typed or printed name of person	signing)
Dated Signature (By a c selecte	director, president or other officer – if directors ed, by an incorporator;– if in the hands of a rece ated fiduciary by that fiduciary) CIMOLINO SHARON (Typed or printed name of person PRESIDENT	signing)
Dated Signature (By a c selecte	director, president or other officer – if directors ed, by an incorporator;– if in the hands of a rece ated fiduciary by that fiduciary) CIMOLINO SHARON (Typed or printed name of person PRESIDENT	signing)
Dated Signature (By a c selecte	director, president or other officer – if directors ed, by an incorporator;– if in the hands of a rece ated fiduciary by that fiduciary) CIMOLINO SHARON (Typed or printed name of person PRESIDENT	signing)
Dated Signature (By a c selecte	director, president or other officer – if directors ed, by an incorporator;– if in the hands of a rece ated fiduciary by that fiduciary) CIMOLINO SHARON (Typed or printed name of person PRESIDENT	signing)
Dated Signature (By a c selecte	director, president or other officer – if directors ed, by an incorporator;– if in the hands of a rece ated fiduciary by that fiduciary) CIMOLINO SHARON (Typed or printed name of person PRESIDENT	signing)
Dated Signature (By a c selecte	director, president or other officer – if directors ed, by an incorporator;– if in the hands of a rece ated fiduciary by that fiduciary) CIMOLINO SHARON (Typed or printed name of person PRESIDENT	signing)
Dated Signature (By a c selecte	director, president or other officer – if directors ed, by an incorporator;– if in the hands of a rece ated fiduciary by that fiduciary) CIMOLINO SHARON (Typed or printed name of person PRESIDENT	signing)
Dated Signature (By a c selecte	director, president or other officer – if directors ed, by an incorporator, – if in the hands of a rece nated fiduciary by that fiduciary) CIMOLINO SHARON (Typed or printed name of person PRESIDENT (Title of person signin,	signing)
Dated Signature (By a c selecte	director, president or other officer – if directors ed, by an incorporator;– if in the hands of a rece ated fiduciary by that fiduciary) CIMOLINO SHARON (Typed or printed name of person PRESIDENT	signing)
Dated Signature (By a c selecte	director, president or other officer – if directors ed, by an incorporator, – if in the hands of a rece nated fiduciary by that fiduciary) CIMOLINO SHARON (Typed or printed name of person PRESIDENT (Title of person signin,	signing)
Dated Signature (By a c selecte	director, president or other officer – if directors ed, by an incorporator, – if in the hands of a rece nated fiduciary by that fiduciary) CIMOLINO SHARON (Typed or printed name of person PRESIDENT (Title of person signin,	signing)

.

.