Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067

: (407)370-3686

Phone Fax Number

: (407)370-3120

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

Email Address: CAROLEL LALSOURCE COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN HAPPY RUSSIAN ENTERPRISE INC

Certificate of Status	0
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Page Count	06
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: HAPPY RUSSIAN ENTERPLISE INC DOCUMENT NUMBER: P180000 95639
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
KENNETH BAER Name of Contact Person HAPPY RUSIAN ENTERPRISE INC Firm/Company 14651 SETAN CREEK BLYD Address Winter GARDEN FL 34787 City/State and Zip Code IN FOR SEFFORCULATING US
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call;
JEANE VALUES at (978 55/24/7 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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	Articles of Am-	enament		- E
	Articles of Incom	poration		
HAPPY RUSSIAN	J ENTER	PRISE IN	2	
(Name of Cor	poration as currently	filed with the Florida	Dept. of State)	
6480000 95639	ì			
(Document Number of C	Corporation (if known))	•
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this Fi	'orida Profit Corporal	tion adopts the follow	wing amendment(s)
A. If amending name, enter the new name of	the corporation:			
				The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or "Co	o". A professional ci	ncorporated" or the orporation name mu	e abbreviation ust contain the
B. Enter new principal office address, if app	licable:	·•	·	<u> </u>
(Principal office address <u>MUST BE A STREE</u>	<u>TADDRESS</u>)		- •	•
				 .
		· · ·		
C. Enter new mailing address, if applicable:	<u>:</u>			
(Mailing address MAY BE A POST OFFIC	CE BOX)			
				
D. If amending the registered agent and/or r new registered agent and/or the new registered.		ss in Florida, enter th	te name of the	
Name of New Registered Agent				
	(Florida stree	t address)		
New Projectored Office Address:			, Florida	
New Registered Office Address:	((City)		Zip Code)
New Registered Agent's Signature, if changi	ng Registered Agent:			
I hereby accept the appointment as registered a	gent. I am familiar wi	in ana accepi ine oblij	ganons of the positio	эл.
	Signature of New Reg	gistered Agent, if chan	nging	

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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)

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page:

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 = Trustec; 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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1)Change	VP KENNETH BAER	752 WESTYN BAY BUD OCOFE, FL 34761
Add		OCOFE, FL 34761
Remove		
2) Change		
Add		
Remove		
3) Change		
Add	•	
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6)Change		
Add		
Remove		

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Attach additional sheets, if necessary). (Be specific)	
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. If an amendment provides for an exchange, reclassification, or cancellation of issued s provisions for implementing the amendment if not contained in the amendment itself	hares.
(if not applicable, indicate N/A)	

)age:

(Typed or punted name of person signing)

(Title of person signing