## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H19000086588 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : AJ ACCOUNTING SERVICES, INC.

Account Number : 120110000092 : (305)448-9584 ber : (305)448-9569 Phone Fax Number

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN ZWA CORP.

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MAR 1 5 2019

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03/14/19

Tailahassee, FL 32301

## **COVER LETTER**

TO: Amendment Sec Division of Corp					
NAME OF CORPO	RATION: ZWA CORP.				
	BER: P19000021036				
	s of Amendment and fee are su	ibmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	HASSAN WARID				
		Name of Contact Person	n		
	ZWA CORP.		· · · · · · · · · · · · · · · · · · ·		
	•	Firm/ Company			
	6106 US HWY 98				
		Address			
	SEBRING, FL 33876				
		City/ State and Zip Cod	e		
		10			
	E-mail address; (to be ti	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
HASSAN WARID		at (	448-9584		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 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)		
Ma	iling Address	Street	Address		
	endment Section	Amend	Iment Section		
	ision of Corporations	Division of Corporations			
	). Box 6327	Clifton Building			
Tali	lahassee, FL 32314	2661 Executive Center Circle			

FILED

## Articles of Amendment to Articles of Incorporation

2019 MAR 14 AM 10: 08

	of	131,51
ZWA CORP.		MILLOUIS SOCIAL
(Name of Corporati	ion as currently filed with the Florid	ia Dept. of State)
P19000021036		
(Docur	nent Number of Corporation (if knows	n)
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this Florida Profit Corport	ation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A professional o	
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	D <b>Y</b> 1	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	
D. If amending the registered agent and/or register	red office address in Florida, enter t	the name of the
new registered agent and/or the new registered	office address;	
Name of New Registered Agent		
	(Florida strees address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	nistared Ament:	
hereby accept the appointment as registered agent.		igations of the position.
	Annual Van	
Sign	ature of New Registered Agent, if cha	nying

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 Do	<u>De</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>\$V</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
l) Change	PD	_	HASSAN WARID	6106 US HWY 98
X Add				SEBRING, FL 33876
Remove				
2) Change		<del>-</del>		
Add				
Remove				
3 ) Change		_	<del></del>	
Add				
Remove				
4) Change		<u>-</u>		
Add				
Remove				
5) Change		<del>-</del>		
Add				
Remove				
δ) Change				
Add		_		
Лоо				

If amending or adding additional Attach additional sheets, if necessor	y) (Be specific)			
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				<del></del>
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an amendment provides for an eprovisions for implementing the a	mendment if not conta	ined in the amendm	ent itself:	
(if not applicable, indicate N/A	)			
			<del></del>	·
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		· · · · · · · · · · · · · · · · · · ·		

	03/14/2019	
The date of each amendment(s) a	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		<u></u> _
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date we partment of State's records.	rill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adaction was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were act action was not required.	lopted by the incorporators without shareholder action and shareholder	
03/14/201 Dated	9	
Signatura	etimo -	
(Bý a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	HASSAN WARID	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	