P190000 46262

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GOZOKIAK AFP	CORP	
DOCUMENT NUMB	ER: P19000046262		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	SERGE J MASSAT		
	GOZOKIAK AFP CORP	Name of Contact Person	1
-		Firm/ Company	
	350 LINCOLN RD, STE MA	SSAT	
-		Address	_
	MIAMI BEACH FL 33139		
-		City/ State and Zip Cod	<u>e</u>
For further information	concerning this matter, pleas	e call:	
SERGE J MASSAT		at (420 5935
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate 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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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(Name of Corporation as	s currently filed with the Florida Dept. of State)
P19000046262	
(Document P	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stat its Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corpor	estion
A. It amending name, enter the new name of the corpor	ation.
	Thenew
	orporation," "company," or "incorporated" or the abbreviation inc," or "Co". A professional corporation name must contain the eviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRES	is)
	<u> </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 of	ffice address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent	123
	197 9 T
	Florida street address)
·	5- 6
New Registered Office Address:	
	(City)
,	Y ,#
New Registered Agent's Signature, if changing Registere	ed Agent:
I hereby accept the appointment as registered agent. I am	
	_
<u> </u>	of Vina Parietawad Japan if abanaises
Signature	gf 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, at 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 = Chi Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officeld. 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>РТ</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PRES	JONI GOZOKIAK	12 RUE DU TELEGRAPHE
Add			BAYONNE, 64100 FRANCE
X Remove			
2) Change	PRES	JOHNNY DIAZ	5 ALLEES ST MICHEL
X Add			ANGLET, 64600 FRANCE
Remove			
3) Change			—————————————————————————————————————
Add			
Remove			<u> </u>
4) Change			
Add			
Remove			
5) Change			
Add			<u></u>
Remove			
6) Change			
Add			
Remove			

ach additional sheets, if necessary). (Be specific)	
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in amendment provides for an exchange, reclassification, or cancellation of issued shares,	JUN 18
ovisions for implementing the amendment if not contained in the amendment itself:	JUN 19 CRELARY AHASSE
in amendment provides for an exchange, reclassification, or cancellation of issued shares, rovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	JUN 19 CRELARY AHASSE
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ovisions for implementing the amendment if not contained in the amendment itself:	JUN 19 CRELARY AHASSE
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JUNE 14, 2019	
The date of each amendment(s) adoption: date this document was signed.	_, if other than the
JUNE 14, 2019	
Effective date if applicable: (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 will document's effective date on the Department of State's records.	not be listed as tl
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	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
JUNE 17, 2019 Dated	
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other courtappointed fiduciary by that fiduciary)	- 19
SERGE J MASSAT	<u> </u>
(Typed or printed name of person signing)	19
SECRETARY TO SECRETARY	के मि
(Title of person signing)	ي ښ