# P97000000896

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SECRETARY OF STATIONS DIVISION OF CORPORATIONS 17 FEB 13 AM 8: 21

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#### **COVER LETTER**

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: AM-PAC JN VESTMENTS, INC. P97000000896 DOCUMENT NUMBER: \_\_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JEFFREY MARTIN Name of Contact Person Firm/ Company 11637 ORPINGTON ST. E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 
 JEFFREY MARTIN
 at (407)
 353-0569

 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 □\$43.75 Filing Fee & \$\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

### **Articles of Amendment**

to

## Articles of Incorporation of

## AM-PAC INVESTMENTS, INC.

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)	(Q) S	
P 970000	00896	(v) (	
(Document Number	of Corporation (if known)	星	
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following	amendmen	
A. If amending name, enter the new name of the corporation:			
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must co		
B. Enter new principal office address, if applicable:	SLITE 4703, CENTRAL	PLAZI	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	18 HARBOUR RD.		
	WANCHAI, HONG KONG		
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 ad new registered agent and/or the new registered office address.			
Name of New Registered Agent			
(Florida	street address)		
New_Registered Office Address:	, Florida		
new negative ed Office Address.	(City) (Zip C	ode)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familia	<u>nt:</u>	,	
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 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	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>	<u>Address</u>
I) Change	PD JEFFREY D. MARTIN	11637 DRPINGTON ST.
Add		ORLANDO, FL 32817
Kemove		
2) Change	ST KAREN AALDERS	11637 DRPINGTON ST.
Add		ORLANDO, FL 32817
_X_ Remove		
3) Change	POT NANKALAMU	BUITE 4703 CENTRAL
_X_ Add		PLAZA, 18 HARBOUR RD.
Remove		WANCHAI, HONGKONG
4) Change		
Add		
Remove		<del></del>
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

if an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	Auach ado	<mark>ng or adding ad</mark> ditional sheets, i	f necessary).	(Be specific)				
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:								
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	(if no	t applicable, inc	dicate N/A)	idinent ii not i	contained in th	ie amenument i	iseii.	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
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 dat document's effective date on the Department of State's records.	e will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
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.	1
☐ 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):	11
"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.	
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 court appointed fiduciary by that fiduciary)	
TEERRY D MARTIN	
(Typed or printed name of person signing)	
PD	
(l'itle of person signing)	<del></del>