

**P97000072399**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**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.

((H09000176727 3)))



H090001767273ABC6

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

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 AUG -5 PM 5:06

FILED

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**GOOD CHOICE VENTURES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

8/5/2009

4

H09000176727

ARTICLES OF AMENDMENTS  
TO  
ARTICLES OF INCORPORATION  
OF

GOOD CHOICE VENTURES, INC.

PURSUANT TO THE PROVISIONS OF SECTION 607.1006, FLORIDA STATUTES,  
THIS FLORIDA PROFIT CORPORATION ADOPTS THE FOLLOWING ARTICLES  
OF AMENDMENT ITS ARTICLES INCORPORATION:

FIRST: AMENDMENTS(S) ADOPTED: (INDICATE ARTICLE NUMBER(S) BEING  
AMENDED, ADDED OR DELETED)

EFFECTIVE AUGUST 5<sup>TH</sup>, 2009 HESHAM SHOUMAN OF 16699 NE 19<sup>TH</sup> AVE  
NORTH MIAMI BEACH, FL. 33162 RESIGNS AS PRESIDENT AND REGISTERED  
AGENT OF THIS CORPORATION AND NABILA GARIB OF 16699 NE 19<sup>TH</sup> AVE  
NORTH MIAMI BEACH, FL. 33162 IS DESIGNATED AS THE NEW PRESIDENT  
AND REGISTERED AGENT OF THIS COPORATION.

SECOND: 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, ARE AS FOLLOWS.

THIRD: THE DATE OF EACH AMENDMENT'S ADOPTION: 08/05/2009.

FOURTH: ADOPTION OF AMENDMENT(S) (CHECK ONE)

FILED  
09 AUG -5 PM 5:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H09000176727

✓ THE AMENDMENT(S) WAS/WERE APPROVED BY THE SHAREHOLDERS THE  
NUMBER OF VOTES CAST FOR THE AMENDMENT(S) 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 DORECTORS  
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.

SIGNED THIS AUGUST 5<sup>TH</sup>, 2009.

SIGNATURE \_\_\_\_\_

(BY THE CHAIRMAN OR VICE-CHAIRMAN OF THE BOARD, PRESIDENT OT OTHER  
OFFICER IF ADOPTED SHAREHOLDERS)

OR

(BY DIRECTOR IF ADOPTED BY THE DIRECTORS)

OR

(BY AN INCORPORATOR IF ADOPTED BY THE INCORPORATORS)

\_\_\_\_\_  
(TYPED OF PRINTED NAME)

NABILA GARIB - PRESIDENT

H09000176727

**CERTIFICATE DESIGNATING  
REGISTERED AGENT/ REGISTERED OFFICE**

Pursuant to the provisions of section 607.325 Florida Statutes, the undersigned corporation, organized under the law of State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of this corporation is:

**GOOD CHOICE VENTURES, INC.**


2. The name and address of the registered agent and office is:

**NABILA GARIB**

**16699 NE 19<sup>TH</sup> AVE**  
**(P.O BOX NOT ACCEPTABLE)**

**NORTH MIAMI BEACH, FLA 33162**  
**(CITY/STATE/ZIP)**

SIGNATURE \_\_\_\_\_

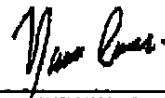


**TITLE: PRESIDENT**

**DATE 08/05/2009**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE \_\_\_\_\_



**(REGISTERED AGENT)**

H09000176727