P98000036800

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)	500161420985
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Amend

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OCT 1 5 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Rich Bel Corp.			
DOCUMENT NU	MBER:	P98000036800	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	prrespondence concerning the	is matter to the following:	
·		Eileen Richmond	
	N	lame of Contact Person	
		Rich Bel Corp.	
		Firm/ Company	
	4545 N	I. Ocean Blvd., Apt. 3D	
•		Address	
	Boo	ca Raton, FL 33431	
,		ity/ State and Zip Code	
	leslic E-mail address: (to be use	e@Ibrook.com d for future annual report notification)	<u> </u>
For further informa	ation concerning this matter,	please call:	
Davi	d J. Fasano, CPA	at (954)5	81-8112
Name	of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a chect	c for the following amount m	nade payable to the Florida Depar	tment of State:
₮ \$ 35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy. (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ac Amendmen Division of P.O. Box 66 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	e

Articles of Amendment Articles of Incorporation

Rich Bel Corpora-

(Name of Corporation as currently filed with the Florida Dept. of State)

P98000036800

me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the breviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A professional corporation me must contain the word "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS) Enter new mailing address MUST BE A STREET ADDRESS) Enter new mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: Eileen Richmond 4545 N. Ocean Blvd., Apt. 3D New Registered Office Address: (Florida street address) Boca Raton, FL 33431 (Cip) (Zip Code) W Registered Agent's Signature, if changing Registered Agent;		•
If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Agent's Signature, if changing Registered Agent: Registered Agent's Signature, if changing Registered Agent: Refer the new name of the corporation. The new of the corporation, ""company," or "incorporated" or the observation "Corp." "Inc.," or "Co". A professional corporation me must contain the word "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: Eileen Richmond 4545 N. Ocean Blvd., Apt. 3D (Florida street address) Boca Raton, FL 33431 (City) (Zip Code)		**
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Suant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the folloadment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: The new mee must be distinguishable and contain the word "corporation," "company," or "incorporated" or the oreviation "Corp," "Inc," or "Co." A professional corporation me must contain the word "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable; incipal office address MUST BE A STREET ADDRESS) Enter new mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: Eileen Richmond 4545 N. Ocean Blvd., Apt. 3D New Registered Office Address: (Florida street address) Boca Raton, FL 33431 , Florida 33431 (City) (Zip Code)	D.	ich Bel Corporation
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Name of New Registered Agent: Name of New Registered Agent: Eileen Richmond	Enter new mailing address, if applicab	ole:
Name of New Registered Agent: Name of New Registered Agent: Eileen Richmond		
Name of New Registered Agent: Name of New Registered Agent: Eileen Richmond	·	
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New Registered Office Address: (Florida street address) Boca Raton, FL 33431 , Florida 33431 (City) (Zip Code) W Registered Agent's Signature, if changing Registered Agent:	Name of New Registered Agent:	Eileen Richmond
(City) (Zip Code) w Registered Agent's Signature, if changing Registered Agent:	New Registered Office Address:	····
w Registered Agent's Signature, if changing Registered Agent; ereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		
ereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	w Registered Agent's Signature, if chang	ging Registered Agent;
V X WILL I NE to see the	reby accept the appointment as registered	d agent., I am familiar with and accept the obligations of the position.

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)

<u>Title</u>	Name	Address	Type of Action
<u>P</u>	Sanford T. Belzer	4545 N. Ocean Blvd., Apt. 3D Boca Raton, FL 33431	. □ Add □ Remove
			☐ Add ☐ Remove
(attach addit	g or adding additional Articles, enter of ional sheets, if necessary). (Be specific ge the officer Eileen Richmond from	c)	
provisions	dment provides for an exchange, recla for implementing the amendment if no pplicable, indicate N/A)	ssification, or cancellation of issu to contained in the amendment it	ned shares, self:
IN/A	· · · · · · · · · · · · · · · · · · ·		
	-	· · · · · · · · · · · · · · · · · · ·	
<u>-</u>			

The date of each amendment	(s) adoption: 10/1/09
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d 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)
•	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated X	10/09/09 Willey Rohwons
	a director, president or other officer – if directors or officers have not been
sele	cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	Eileen Richmond
	(Typed or printed name of person signing)
	President
	(Title of person signing)