Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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COR AMND/RESTATE/CORRECT OR O/D RESIGN GIC NET CORPORATION

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COVER LETTER

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	NAME OF CORPORATION: GIC NET CORPORATION					
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RON, OSCAR E			TO M			
	Name of Contact Person	on				
C NET CORPORATION						
	Firm/ Company	······································				
76 NW 186 STREET, SU	rre 105					
	Address					
ALEAH, FL 33015						
	City/ State and Zip Coo	de				
nsulting@live.com						
E-mail address: (to be u	sed for future annual repor	t notification)	•			
nceming this matter, pleas	se cail;					
	at (³⁰⁵	688-2525				
ontact Person	Area Co	ode & Daytims Telephone Nu	mber			
following amount made	payable to the Florida Dep	artment of State:				
☐\$43,75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)				
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	ALEAH, FL 33015 ALEAH, FL 33015 E-mail address: (to be understood ontact Person to following amount made) \$\int_{\text{3}}^{\text{1}} \text{2} \text{3} \text{2} \text{5} \text{1} \text{5} \text{1} \text{5} \text{1} \text{5} \text{1} \text{5} \text{1} \text{5} \text{1} \text{5} \text{6} \text{5} \text{6} \text{5} \text{6} \text{7} \text{7} \text{7} \text{6} \text{6} \text{7} \text{7} \text{7} \text{6} \text{7} \text{7} \text{7} \text{6} \text{6} \text{7} \text{7} \text{7} \text{7} \text{6} \text{7} \text{7} \text{7} \text{7} \text{6} \text{7} \text{7} \text{7} \text{7} \text{7} \text{6} \text{7} \	Name of Contact Person Firm/ Company 76 NW 186 STREET, SUITE 105 Address ALEAH, FL 33015 City/ State and Zip Company The resulting@live.com E-mail address: (to be used for future annual report and address: (to be used for future annual report at (305) The resulting form at (305) The resulting for	Name of Contact Person Firm/ Company No NW 186 STREET, SUITE 105 Address ALEAH, FL 33015 City/ State and Zip Code Insulting@live.com E-mail address: (to be used for future annual report notification) Incerning this matter, please call: at (305			

07/10/2015 12:23 FAX 3054582910

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Articles of Amendment to Articles of Incorporation of

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(Name of Cornoration as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known) arsuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following a Articles of Incorporation. If amending name, enter the new name of the corporation: "Tomme must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbit of corpor," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must coind "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.) HIALEAH, FL 33015 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 OSCAR E BARON 7676 NW 186 ST #105 (Florida street address) HIALEAH Florida 33015	···				
· 	of Cornoration as curre	ntly filed with the Florida De	ept, of State)		
3000035572					
	(Document Number	r of Corporation (if known)			
rsuant to the provisions of section 607 Articles of Incorporation:	7,1006, Florida Statutes, th	is Florida Profit Corporation	adopts the following amendmen		
If amending name, enter the new n	ame of the corporation;				
Corp.," "Inc.," or Co.," or the design	nation "Corp," "Inc," or	"Co". A professional corpo	The new porated" or the abbreviation pration name must contain the		
Enter new principal office address	if applicable:	7676 NW 186 ST # 105			
		HIALEAH, FL 33015			
		7676 NW 186 ST #105			
	· · · · · · · · · · · · · · · · · · ·	HIALEAH, FL 33015			
If a manual manager and a mana	dovor revistered office ad	uress in Piorias, enter the di 223:	ime of fac		
If amending the registered agent an new registered agent and/or the ne	<u>w registered office active</u>	OSCAR E BARON			
new registered agent and/or the ne	OSCAR E BARON				
new registered agent and/or the ne	OSCAR E BARON				
new registered agent and/or the ne	OSCAR E BARON 7676 NW 186 ST #105	strees address)			
new registered agent and/or the ne Name of New Resistered Agent	OSCAR E BARON 7676 NW 186 ST #105 (Florida s	strees address)	Florida 33015		

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Iones	
X Add	<u>sv</u>	Sally Smith)
Type of Action (Check One)	<u>Title</u>	Name	いめい Address
.1)Change			7676 NW 186 ST # 105
Add			HIALEAH, FL 33015
Remove			
2)Change			
Add			
Remove			
3) Change			
Add			
Řemove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or add (Attach additional sh	ing additional Article eets, if necessary). (es, enter change (Be specific)	(s) here:		
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provisions for impi	ovides for an exchan ementing the amend le, indicate N/A)	nze, reclassificati ment if not cont	ion, or cancellation nined in the amen	n of issued share: dment itself:	ž.
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The date of each amendment(s) adoption:	er than the
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 not be lidocument's effective date on the Department of State's records.	isted as the
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)	
(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.	
07/10/2015	
Dated	
Of Cin & Course	
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)	
OSCAR E BARON	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of nerson signing)	_