# 107880000E19

(Re	questor's Name)	
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#### **COVER LETTER**

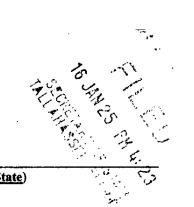
TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: SPECIAL GUEST	NETWORK CORP.		
DOCUMENT NUM	P13000088701			_
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Piease return all corre	spondence concerning this ma	tter to the following:		
	ROBERTO PECCHI			
		Name of Contact Person	n	
	SPECIAL GUEST NETWO	RK CORP		
		Firm/ Company		
	245, 18TH STREET APT. 60	03		
		Address	-	<del></del>
	MIAMI BEACH, FL 33139		<b>学品</b> る	
	·	City/ State and Zip Cod	e	
				23
rpeco	@me.com	16-6		*** **********************************
	E-mail address: (to be us	sed for future annual report	nonneation)	
For further informatio	n concerning this matter, pleas	se call:		20 S
Roberto Pecchi		786 at (	5642318	
Name	of Contact Person	Area Co	de & Daytime Telephone N	umber
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	·
\$35 Filing Fee	□\$43.75 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)	
Am Div	iling Address endment Section ision of Corporations Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building	

2661 Executive Center Circle Tallahassee, FL 32301

### **Articles of Amendment Articles of Incorporation** of



#### SPECIAL GUEST NETWORK CORP

( <u>Name of Corporation as curre</u>	
P13000088701	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the ts Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
Enter now suincinal office address if applicable.	N/A
B. Enter new principal office address, if applicable; (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
,	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address NA  Name of New Registered Agent  N/A	
	street address)
N/A	NIA
New Registered Office Address:	(City), Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Age	nt;
New Registered Agent's Signature, if changing Registered Age	

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 Jones	
_X Add	SV	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D	PARAVIA, PATRIZIA	1881, WASHINGTON AVENUE
X Add			APT. 8B, MIAMI BEACH
Remove			FL 33139
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
5) Change			
Add			
Remove			
6) Change			
Add	**************************************		
Adu			<del></del>
INCHIOTO			

. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
N/A
. 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)
VA

	01/21/2016	
The date of each amendme		_, if other than th
date this document was sign	ed.	
Effective date if applicable	e:	
	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this date will not the Department of State's records.	not be listed as th
Adoption of Amendment(s	(CHECK ONE)	
	were adopted by the shareholders. The number of votes cast for the amendment(s) /were sufficient for approval.	
	were approved by the shareholders through voting groups. The following statement ided for each voting group entitled to vote separately on the amendment(s):	
"The number of vo	tes cast for the amendment(s) was/were sufficient for approval	
by	.,	
	(voting group)	
☐ The amendment(s) was/v action was not required.	were adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/v action was not required.	were adopted by the incorporators without shareholder action and shareholder	
01/	21/2016	
Dated	<u> </u>	<u></u> ග
		<u> </u>
Signature		
	(By a directory president or other officer – if directors or officers have not been	\tag{ \tag}
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	-o F7.
	appointed fiducially by that fiducially)	
	ROBERTO PECCHI	
	(Typed or printed name of person signing)	( <sub>4</sub> )
	PVPSTD	

(Title of person signing)