P1400015642

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(Business Entity Name)	_		
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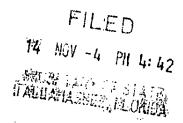
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14 2014 R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ICAN PAYMENT SERVICES, INC.				
DOCUMENT NUMBER: P14000045642					
The enclosed Articles of Amendment and fee are s	submitted for filing.				
Please return all correspondence concerning this m	natter to the following:				
CLAUDIO NOVEBAG	CI CI				
APS - AMERICAN PA	Name of Contact Person APS - AMERICAN PAYMENT SERVICES, INC.				
1680 MICHIGAN AVI	Firm/ Company E STE 700				
MIAMI BEACH FL 33	Address 3139				
,	City/ State and Zip Code				
adm.dept.mn@gmail.com					
E-mail address: (to be	used for future annual report notification)				
For further information concerning this matter, ple	ase call:				
CLAUDIO NOVEBACI	305 6073859				
Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made	e payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & □S52.50 Filing Fee Certified Copy (Additional copy is enclosed) □S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				



Articles of Amendment to Articles of Incorporation of

APS - AMERICAN PAYMENT SERVICES, INC.	
(Name of Corporation as currently filed with the Florida Dept, of State) P14000045642	na en
(Document Number of Corporation (if known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following the Articles of Incorporation:	ng amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the "Corp.," "Inc.," or "Co". A professional corporation name must word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing 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	
(Florida street address)	
New Registered Office Address:	_
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position 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	\underline{PT}	John Doc	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MARIA GENTILE	1680 MICHIGAN AVE
Add		-	STE 700
Remove			MIAMI BEACH FL 33139
2) Change	s	MARIA GENTILE	1680 MICHIGAN AVE
Add			STE 700
Remove			MIAMI BEACH FL 33139
3) Change	Τ	MARIA GENTILE	1680 MICHIGAN AVE
Add			STE 700
Remove			MIAMI BEACH FL 33139
4) Change	VP	CLAUDIO NOVEBACI	1680 MICHIGAN AVE
Add			STE 700
Remove			MIAMI BEACH FL 33139
5) Change	s	CLAUDIO NOVEBACI	1680 MICHIGAN AVE
Add			STE 700
Remove			MIAMI BEACH FL 33139
6) Change	Т	CLAUDIO NOVEBACI	1680 MICHIGAN AVE
Add		***************************************	STE 700
Remove			MIAMI BEACH FL 33139
			

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If an amendment provides for an exchange, reclassification, or cancellation of issu	ied chares
provisions for implementing the amendment if not contained in the amendment i	tself:
(if not applicable, indicate N/A)	
····	

The date of each amendment(s) ad date this document was signed.	loption:	, if other than the
į.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
	proved by the shareholders through voting groups. The following statement 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)	
action was not required. The amendment(s) was/were ado action was not required. OCTOB	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder	
Dated	irector president or other officer – if directors or officers have not been	
selected	d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)	
	CLAUDIO NOVEBACI	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	