Division of Corporations **Electronic Filing Cover Sheet**

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(((H16000132188 3)))



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To:

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Fax Number : (850)617-6380

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

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JUN 01 2016

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COR AMND/RESTATE/CORRECT OR O/D RESIGN **GLOBAL ARGO HUB CORP**

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Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GLOBAL A	ARGO HUB CORP	
DOCUMENT NUMBER: P1600003453		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Sal Abecasis		
	Name of Contact Person	
Allstate Corporat	te Services Corp.	
	Firm/ Company	_
1222 Avenue M,	Suite 301	
<u></u>	Address	
Brooklyn, NY 11		
	City/ State and Zip Code	
sal@acs123.com		
E-mail address: (to be a	used for future annual report notification)	
For further information concerning this matter, plea	ase call:	
Naomi Ostopowitz	at (800) 906-9220	
Name of Contact Person	Area Code & Daytime Telephone Nur	nber
Enclosed is a check for the following amount made	e payable to the Florida Department of State:	
☐ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 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	

FILED"

16 MAY 31 PH 12: 29

Articles of Amendment to Articles of Incorporation of

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GLOBAL ARGO HUB CORP	
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
P16000034532	
(Document Number of Corporation (if I	(nown)
Pursuant to the provisions of section 607,1006, Florida Statutes, this Faits Articles of Incorporation:	orldu Profit Corporation adopts the following amendment(s) to
A. If nineuding name, enter the new name of the corporation: GLOBAL AGRO HUB CORP	ant
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
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)	
D. If amending the registered agent and/or registered office address:	s in Florida, enter the name of the
Name of New Registered Agent RULAV ODDR	
	·
(Florida street	address)
New Registered Office Address: (City)	, Florida
Chyy	(Dip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit Signature of New Registered Agent	

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	<u>PT</u>	John Doe		
X Remove	У	Mike Jones		
X Add	<u>v2</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) X Change	Chaima	RULAV	DDDR	230 174TH STREET, SUITE 1602
Add				SUNNY ISLES, FL 33160
Remove				
2) Change	<u></u>	-		
Add				
Remove				
3) Change				
Add				
Remove				
4) Change	<u> </u>			
Add				
Remove			·	
5) Change				
Add		·		
Remove				
				
6) Change				
Add				
Remove				

	els, if necessary).	ifeles, enter change(s (Be specific)	_	
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an amendment pro	ovides for an exci ententing the nine e, indicate N/A)	hange, reclassificatio endment if not contai	n, or cancellation of issue ned in the amendment its	d shares, elf:
(if not applicable				
(if not applicable				<u></u>
(if not applicable				
(if not applicable				
(if not applicable				
(if not applicable				
(if not applicable				

The date of each amendment(s) a	doption; <u>05/20/2016</u>
Refective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes case	for the amendment(s) was/were sufficient for approval
by	(voling group)
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 05/20/	/2016
Signature	director, president or other officer – if directors or officers have not been
	ed, by an incorporator — if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	RULAV ODDR
	(Typed or printed name of person signing)
	CHAIRM AN
	(Title of person signing)