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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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SECWEDAN OF CLASS
ALLAMASSEE FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: REGISTERED AC	GENT CORPORATE SER	VICES, INC.
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corresp	pondence concerning this ma	tter to the following:	
	DAYLI BETANCOURT		
-		Name of Contact Person	n
	FOWLER RODRIGUEZ, LI	.Р	
-	· · · · · · · · · · · · · · · · · · ·	Firm/ Company	
	201 S BISCAYNE BLVD. S	UITE 2600	
-	**************************************	Address	
	MIAMI, FL 33131		
-		City/ State and Zip Cod	c
DBET	'ANCOURT@FRFIRM.CO!	М	
	_	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
DAYLI BETANCOUI	кт	at (364-8480
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address Indment Section Identification of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

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REGISTERED AGENT CORTORATE S										
(<u>Name o</u>	f Corporation as currer	itly filed with the Florida Dept. of Sta	ate)							
P05000118948										
- · · · · · · · · · · · · · · · · · · ·	(Document Number	of Corporation (if known)								
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation adopts th	e following amendment(s) t							
A. If amending name, enter the new na	me of the corporation:									
			Thenew							
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	"Co". A professional corporation n								
B. Enter new principal office address,	if applicable:	201 S BISCAYNE BLVD								
(Principal office address <u>MUST BE A S</u>		SUITE 2600								
		MIAMI, FL 33131								
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of		201 S BISCAYNE BLVD	ALLANIA DE							
		SUITE 2600	7.55 - 1.							
		MIAMI, FL 33131	XSSE 17 XSSE							
D. If amending the registered agent an new registered agent and/or the new			o: 17 Loranda							
Name of New Registered Agent	JUAN E. SERRALLES									
	201 S BISCAYNE BLV	201 S BISCAYNE BLVD, SUITE 2600								
	(Florida	(Florida street address)								
New Registered Office Address:	MIAMI	. Floric	33131 Ia							
		(City)								

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	S	LOURDES CUZAN	355 ALHAMBRA CIRCLE
Add			SUITE 801
X Remove			CORAL GABLES, FL 331314
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change			
Add			
Remove			<u> </u>
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)
	
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f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	INCOME TO THE CONTRACTOR OF A PROPERTY AND A STATE OF THE

	12/4/2018	
The date of each amendment(s) adoption: if oth	her than th
date this document was signed.		
	2/4/2018	
Effective date <u>if applicable</u> :		_
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, this date will not be I Department of State's records.	isted as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
,		
DatedSignature	Ly	
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	JUAN E. SERRALLES	
	(Typed or printed name of person signing)	
	DIRECTOR/PRESIDENT	
	(Title of person signing)	-