12/12/2019

Division of Corporations

Florida: Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number

(shown below) on the top and bottom of all pages of the document.

(((H19000358563 3)))



H190003585633ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : GFS TAX & ACCOUNTING SERVICES

Account Number : I20140000089 Phone : (754)301-2128

Fax Number : (954)252-4650

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address: INFO@GFSTAXACCT.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN VC USA CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

DEC 13 2019

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Sec Division of Corp		·	
NAME OF CORPO	RATION: VC USA CORP	<u>.</u>	
DOCUMENT NUM	BER: P17000071968		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corro	spondence concerning this ma	tter to the following:	
	GILVAM F DOS SANTOS		
		Name of Contact Person	n
	GFS TAX & ACCOUNTING	SERVICES	
		Firm/ Company	
	2001 W CYPRESS CREEK RD STE 102 B		
	···	Address	
	FT LAUDERDALE FL 3330	9	
		City/ State and Zip Cod	e
INF(O@GFSTAXACCT.COM		
<u></u>	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se cali:	
GILVAM F DOS SA	NTOS	954 at (9573244
Name	of Contact Person	Arca Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Mailing Address		Street Address	
•	endment Section		Iment Section
P.O. Box 6327 Tallaharree, FL 32314			Executive Center Circle
Name Enclosed is a check for \$35 Filing Fee Man Am Div P.C.	of Contact Person or the following amount made S43.75 Filing Fee & Certificate of Status Certificate of Status Certificate of Status	Area Co payable to the Florida Depa \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Street Ameno Divisio Cliffon	de & Daytime Telephone Number artment of State: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

2019-12-12 16:35:06 (GMT)

VC USA CORP	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P17000071968	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Stamtes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following 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" "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
B. Enter new principal office address, if applicable:	8350 NW 52ND TERRACE STE 301
(Principal office address MUST BE A STREET ADDRESS)	DORAL FL 33166
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8350 NW 52ND TERRACE STE 301
(Mailing address MAY BE A PUST OFFICE BUX)	DORAL FL 33166
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	lress in Florida, enter the name of the
Name of New Registered Agent	
(Florida s	treet address)
New Province of Office Address:	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen 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:

2019-12-12 16:35:06 (GMT)

(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 = Trustec; 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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u> Nате</u>	<u>Addres</u> s
I) X Change	P	Vasconcelos Cabral, Adriano	8350 NW 52ND TERRACE
Add			STE 301 DORAL FL 33166
Remove			
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

I/A	201.110 1121 211121 1111 1111	cessary). (Be specific)	,		
		· 	•		
.	<u> </u>				
					·
		<u> </u>		-	
					
		.,			
			·	· · · · · · · · · · · · · · · · · · ·	
	endment provides fo	or an exchange, reclass	ification, or cancellati	on of issued shares.	
. <u>If an am</u>	ons for implementing	g the amendment if not	contained in the ame	adment itself:	
prov <u>i</u> sio	ant applicable indica	ie mm			
provisio (if	not applicable, indica				
<u>provisi</u> (if	not applicable, indica				·
provisio (if	not applicable, indica				
provisio (if	not applicable, indica				
provisio (if	not applicable, indica				
provisio (if	not applicable, indica				
provisio (if	not applicable, indica				
provisio (if	not applicable, indica				
provisie (if	not applicable, indica				
prov <u>i</u> sio	not applicable, indica				

HI900035185633

The date of each amendment(s) add date this document was signed.	ption:	if other than
Effective date if applicable:		
	(no more than 90 days after amendment file d	atc)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requiremartment of State's records	nents, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sui	nted by the shareholders. The number of votes cast for the ficient for approval.	amendment(s)
☐ The amendment(s) was/were app must be separately provided for	roved by the shareholders through voting groups. The follocach voting group entitled to vote separately on the amend	wing statement ment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voling group)	
The amendment(s) was/were add action was not required:	pted by the board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were ad	pried by the incorporators without shareholder action and st	archolder
action was not required		
	ER 12;2019	
Dated Signature	duare V Capra	
(By, a constant)	inector, president or other officer if directors or officers he by an incorporator if in the hands of a receiver, trustee ted fiduciary by that fiduciary)	ave not been or other court
	VASCONCELOS CABRAL ADRIANO	
	(Typed or printed name of person signing)	
	PRESIDENT - 4	
	(Title of person signing)	