## 681675

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SECRETARY OF STATE OF

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: UNIQUE P	RODUCERS SE	RVICE, INC.
DOCUMENT NUME	<sub>ER:</sub> 681675		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	J.B. JONES		
•		Name of Contact Persor	
	UNIQUE PRODU	ICERS SERVIC	E, INC.
•		Firm/ Company	
	13815 NW 19TH	AVENUE	
•		Address	
	OPA LOCKA, FL	33054	
		City/ State and Zip Code	
unio	queproducers@a	ol.com	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
KAREN ROSS		at (954	, 252-9622
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fec	■\$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 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

UNIQUE PRODUCERS SERV	ICE, INC.				
(Name of Corporation as currently	filed with the Flori	da Dept. of State)			
681675					
(Document Number of	of Corporation (if kn	own)			
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this <i>Flo</i>	rida Profit Corporatio	n adopts the following	; amendm	ent(s) to
A. If amending name, enter the new name of the	corporation:				
UPSI HOLDING CORP				The nev	v
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	rp," "Inc," or "Co"	<ol> <li>A professional cor</li> </ol>	orporated" or the ab	- breviatio	n
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL	ole: ODRESS )				
	-				
C. Enter new mailing address, if applicable:	iov.				
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u>: (80x</u> )			14	
	-			MAR	
	-	·-·			
D. If amending the registered agent and/or regist new registered agent and/or the new registere		in Florida, enter the	name of the	AH II: 4	
Name of New Registered Agent		<del>-</del>		: 47	
<del></del>	(Florida street d	uldress)			
New Registered Office Address:		, Flo		·	
	(City)		(Zip Code)		
New Registered Agent's Signature, if changing R	egistered Agent:				
I hereby accept the appointment as registered agent.		and accept the obliga	tions of the position.		
Signature of	Nove Registered Age	nt if changing	<del></del>		

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	$\underline{\mathbf{V}}$	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		<del></del>	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach <i>additional shee</i>	ets, if necessary).	(Be specific)				
<del></del> .				<del></del>		
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<del></del> .		_				
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			·			,
n amendment pro	vides for an exch	iange, reclassific	ation, or canc	ellation of iss	ued shares.	
ovisions for imple (if not applicable	menting the ame	ndment if not co	ntained in the	amendment	<u>itself:</u>	
(y nor appricable	, maleule 1071)					
	<del></del> .	<del></del>				
						·
		· · · · · ·				

The date of each amendment	(s) adoption: 02/25/2014	, if other than the
date this document was signed		•••
Effective date if applicable:	02/25/2014	
	(no more than 90 days after amendment file date)	- <del></del>
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/well by the shareholders was/well	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for 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)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated 02/2	2572014	
Signature _	Bu	
(B	y a director president or other officer - if directors or officers have not been	
a	elected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	J.B. JONES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>