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To:

Division of Corporations

Fax Number : (850)617-6380

From:

ACCOUNT Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN

ATTICA ROAD CORP.

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0
03
\$35.00

Electronic Filing Menu

Corporate Filing Menu

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F23000002833	_
(Docum	nent number of corporation (if known)
Attica Road Corp.	
(Name of corporation a	as it appears on the records of the Department of State)
British Virgin Islands	3. (Date authorized to do business in Florida)
(Incorporated under laws of)	(Date authorized to do business in Florida)
	SECTION II
(4-7 COMPLE	TE ONLY THE APPLICABLE CHANGES)
If the amondment changes the name of the corporation	on, when was the change effected under the laws of its jurisdiction of
incorporation?	
(Name of corporation after the amendment, adding s	suffix "corporation," "company," or "incorporated," or appropriate abbreviation
not contained in new name of the corporation)	te corporate name adopted for the purpose of transacting business in Florida)
are the manifeliation Florida, enter alternate	te corporate name adopted for the purpose of transacting business in Florida)
	7. P
If the amendment changes the period of duratio	on, indicate new period of duration.
	SO
	A visual distriction (City)
	(New duration) 「つ
. If the amendment changes the jurisdiction of in	ecorporation, indicate new jurisdiction.
	(New jurisdiction)
If amending the registered agent and/or register	red office address in Florida, enter the name of the
new registered agent and/or the new registered of	office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(Cin) (Zip Code)
	Danicrary Angel
New Registered Agent's Signature, if changing	nt. I am familiar with and accept the obligations of the position.
(nerepy accept the approximent as 1880).	-
Signature of New Registered Ag	ent if changing
218 DOTHLE OF LASH VERIFIEL OF WE	Section 2 and 1

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change: Type of Action <u>Address</u> Name Title/ Capacity 1000 BRICKELL AVE SUITE 620 D,P,SJORGE EDUARDO URIBE HOLGUIN ∐Add MIAMI, PL 33131 ☑Remove 1000 BRICKELL AVE SUITE 620 D,VP □Add CATALINA URIBE HOLGUIN MIAMI, FL 33131 **E**Remove 1000 BRICKELL AVE SUITE 620 Felipe Vallejo D ☑Add MIAMI, FL 33131 **□**kemove □Add Remove □Add Remove 10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

FILING FEE \$35.00

Anana Turoski

(Typed or printed name of person signing)

Attomey-in-fact

(Title of person signing)