

Electronic Filing Cover Sheet

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(((H16000219452 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CORP USA

R. WHITE

Account Number : 072450003255 (305) 634-3694

Phone

Fax Number

: (305)633-9696

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

Email	Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN COMPACSTONE USA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

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Corporate Filing Menu

Help

https://efite.sunbiz.org/scripts/efitcovr.exe

PAGE 01/06

CORP USA

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10:41 9102/90/60

To:

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Fax Number : (850) 617-6380

From:

Account Name : CORP USA Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

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

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COR AMND/RESTATE/CORRECT OR O/D RESIGN COMPACSTONE USA, INC.

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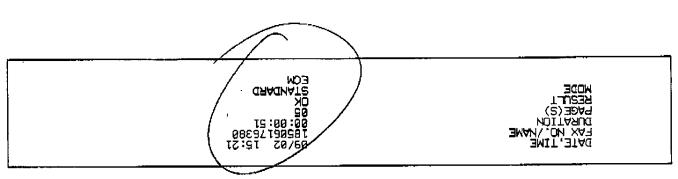
Electronic Filing Menu

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https://efile.gunbiz.org/scripts/efilcovc.exe

9/2/2016



TIME : 89/02/2016 16:22

TRANSMISSION VERIFICATION REPORT



H160000518425

16 AUG 31 AM 9: 54

Articles of Amendment to Articles of Incorporation

SECRETARY OF STATE TALLAHASSEE FLORIDA

	is currently filed with the Florida Dept. of State)
	Number of Corporation (if known)
tursuant to the provisions of section 607.1006, Florida Sta is Articles of Incorporation:	states, this <i>Plotida Profit Carporation</i> adopts the following amendment(s
L. Hamending name, enter the new name of the corpo	railon
	The new
name must be distinguishable and contain the word " 'Corp.," "Inc.," or Co.," or the designation "Corp." " word "chartered," "professional association," or the abb	'corporation." "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the viewlation "P.A."
3. <u>Enter new principal affice address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRE</u>	<u></u>
Enter new mailing address. If applicable: (Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered new registered agent and/or the new registered off	office address in Florida, enter the name of the
	•
Nome of New Registered Agent	
	(Flarida strust address)
No. 10 maries and 100 marks of the same	Winds.
New Registered Unice Address:	(City) (Zip Codu)
Now Registered Office Address:	(Cly) Plorida
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I o	ered Agents im familiar with and accept the obligations of the pastiton.

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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; I = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; GFO = Chief Financial Officer. If an officeridirector 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. Thore is a change, Mike Jones leaves the perporation, Salty Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Salty Smith, SV as an Add.
Example:

X Change	PT John	1 Doe	•		
X Remove	Y Mik	te lones			
X Add	SV Sall	Sally Smith .			
Type of Action (Check One)	Title	Name	Address		
1)Change	OFFICE	JESSICA MARTINEZ	825 BRICKELL BAY DRIVE		
Add			APT. 542		
XX Remove			MIAMI, FL. 33131		
2) Change	OFFICE	TERESA ALCOCER	1777 NW 72ND AVE		
XX Add			SUITE#2		
Remove			MIAMI, FL 33126		
3)Change	······				
Add		•	·		
Remove					
4) Change					
Add					
Remove					
5)Change	-				
Add					
Remove					
A					
6)Change					
Add					
Котоур					

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ch additional sheats, if necessary).	(Be specific)
n amendment provides for an exc wisions for implementing the ame (if not applicable, indicate NA)	pange, reclassification, or cancellatten of issued spares, endment if not contained in the amendment itself:
, , , , , , , , , , , , , , , , , , , ,	

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The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if amplicables	.,
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement nust be separately provided 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	
by	
☐ The emendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated DR 31 15.	
Signature	
(By a director, president or other offices—if directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	· ·
Francisco A. Sanchis-Brines	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	

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