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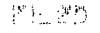
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PARADOX USA	OF FLORIDA INC.
DOCUMENT NUMBER: P03000064810	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
TOMER HERSHKOVITZ	
	Name of Contact Person
PARADOX USA OF FLOR	RIDA INC.
	Firm/ Company
2881 W. MCNAB ROAD	
	Address
POMPANO BEACH, FLO	RIDA 33069
	City/ State and Zip Code
tphss@yahoo.ca	· ·
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pleatomer HERSHKOVITZ	ase call: at (305) 431-1159
Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	
□ \$35 Filing Fee & Certificate of Status	■\$43.75 Filing Fee & □\$52.50 Filing Fee 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



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PARADOX USA OF FLORIDA INC.

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	17A.2.1 112 Q(s) 10 10 4
(Name of Corporation	ion as currently filed with the Florida Dept. of State)
P03000064810	
. (Docum	nent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the co	orporation:
	The new
	rd "corporation," "company," or "incorporated" or the abbreviation o," "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
D. If amending the registered agent and/or register new registered agent and/or the new registered	
Name of New Registered Agent	
·	(Florida street address)
New Registered Office Address:	. Florida
1100	(City) (Zip Code)
rem registered Office Hadress.	
N	
New Registered Agent's Signature, if changing Reg	<u>vistered Agent:</u> I am familiar with and accept the obligations of the position.
accept the appointment as regulated agent.	- an jamen. This will weeep the congulation of the position.
Sign	nature 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.

X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	<u> P D </u>	TOMER HERSHKOVITZ	2881 W. Mc Nab Rd
Add			Pompano Beach, Fl. 33069
Remove			
2) Change	<u>_S</u>	TONY PEREZ	2881 W. Mc Nab Rd
X_ Add			Pompano Beach, FL. 33069
Remove			
3) Change			
Add			
Remove			
4) Change	· · · · · · · · · · · · · · · · · · ·		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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(if not applicable, indicate N/A)	contained in the an	<u>rendment itself:</u>	iaies,	
		 		
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(no moi	re than 90 days after amendment file date)
Note: If the date inserted in this block does not meet to document's effective date on the Department of State's re	he applicable statutory filing requirements, this date will not be listed as the cords.
Adoption of Amendment(s) (CHECK ON	NE)
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	lers. The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the sharehold must be separately provided for each voting group en	
"The number of votes cast for the amendment(s)	* *
by(voting group	
(voting group	p)
☐ The amendment(s) was/were adopted by the board of action was not required.	
The amendment(s) was/were adopted by the incorpora action was not required.	tors without shareholder action and shareholder
Dated 02/01/2017 Signature	
(By a director, president or o	ther officer - if directors or officers have not been
selected, by an incorporator appointed fiduciary by that f	- if in the hands of a receiver, trustee, or other court iduciary)
TOMER HE	RSHROVITZ
	printed name of person signing)
PRESIDENT	-
	(Title of person signing)