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## **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: NAS NTERNATIONAL, NC.  DOCUMENT NUMBER: PO500061248  The enclosed Articles of Amendment and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:
NORMAN SOSA  Name of Contact Person  NAS INTERNATIONAL INC  Firm/ Company  193 NE CAPRONA AJE  Address  PORT SAINT LUCIE F L 34488  City/ State and Zip Code  NASINT Q YMAIL-COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (954) 684 6668 & Saytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

	Articles of Inco	orporation		N. S.
Na hisania	of ,	<b>1</b>	100	
NAS INTERNA		filed with the Florida Dept. of State)		<u>_</u>
		med with the Florida Dept. of State)		<i>"</i> .
P6500006				<u>"\"</u>
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607.16 its Articles of Incorporation:	006, Florida Statutes, this F	Florida Profit Corporation adopts the fo	llowing amendmen	ıt(s) to
A. If amending name, enter the new name	ne of the corporation:			
N/A			The new	
"Corp.," "Inc.," or Co.," or the designaword "chartered," "professional association	tion "Corp," "Inc," or "C	Co". A professional corporation name	the abbreviation	
B. Enter new principal office address, if (Principal office address MUST BE A ST		193 NE CAPRO	NA AVE	
		FL 34983		
			<del></del>	
C. Enter new mailing address, if application (Mailing address MAY BE A POST O		193 NE CAPRON	A AJE	
		PORT SAINT LUC	1E	
		FL 34983		
D. If amending the registered agent and new registered agent and/or the new		ess in Florida, enter the name of the		
Name of Nav. Parietons d. Canada	11/A			
Name of New Registered Agent	10 // 1			
<u>-</u>	(Florida stree	et address)	<del></del>	
	116			
New Registered Office Address:	N /17	, Florida City)	(Zip Code)	
	,		(Lip com)	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				
NA				
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:

(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.

Mike Jones, v as Kemove	e, ana Sai	lly Smith, SV as an Ada.	
Example: X Change	PT	John Doe	
X Remove	Y	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) X Change	P	NORMAN SOSA	193 NE CAPRONA AVE
Add			PORT SAINT LIKIE EL 34983
Remove			
2) Change		MARY ANN YAW SOSA	193 NE CAPRONA AVE
X Add			PORT SAINT LUCIE
Remove			FL 34983
3) Change		<del></del>	
Add			
Remove			
4) Change			
Add			
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5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			<del></del>
Remove			

If amending or adding additional Ar (Attach additional sheets, if necessary).	<u>ticles, enter change(s) here</u> : . (Be specific)
1 /2	
<u> </u>	
76	
provisions for implementing the am	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
J/A	

The date of each amendment(s) ad date this document was signed.	option: 08/14/2016	, if other than the
Effective date if applicable:	8/14/2016	
Mappine Mappin Mappine Mappine Mappine Mappine Mappine Mappine Mappine Mappine	(no more than 90 days after amendment file date,	)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirement partment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the ame ficient for approval.	endment(s)
	roved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendment	
"The number of votes cast i	or the amendment(s) was/were sufficient for approval	
by	"	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and s	
The amendment(s) was/were adopaction was not required.	pted by the incorporators without shareholder action and share	nolder
Dated8_//	4/16	
Signature	Vorman Dosa	
selected	rector, president or other officer — if directors or officers have l, by an incorporator — if in the hands of a receiver, trustee, or officers by that fiduciary)	
•	NORMAN SOSA	
•	(Typed or printed name of person signing)	
_	PRESIDENT	ي.
	(Title of person signing)	SEC.
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