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COR AMND/RESTATE/CORRECT OR O/D RESIGN

TOLEDO SERVICES, CORP.

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

Toledo Services, Corp.

Pursuant to Section 607.1006, Florida Statutes, the undersigned corporation adopted the following articles to amend to its articles of incorporation.

**AMENDMENT ARTICLE 4 – NEW REGISTERED AGENT AND
STREET ADDRESS**

The name and address of the new registered agent is:

Leandro Toledo
5901 SW 45 Street
Miami, FL 33155

AMENDMENT ARTICLE 5 – OFFICERS

The officers of the Corporation shall be:

Leandro Toledo – President
5901 SW 45 Street
Miami, FL 33155

Pablo Toledo – Vice-President
5901 SW 45 Street
Miami, FL 33155

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This Article of Amendment was adopted on the 25th day of July of the year 2007. The Corporation has only one class of voting stock. This amendment was unanimously adopted. The Amendment was approved by the Shareholders. The number of votes cast was sufficient for approval.



Toledo Services, Corp.

By: 

Leandro Toledo

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**CERTIFICATE OF DESIGNATION REGISTERED
AGENT/REGISTERED OFFICE**

Pursuant To the provisions of sections 607.0501 or 617.0501, Florida statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designation the designation of the registered agent/registered office, in the State of Florida.

- 1.- The name of the Corporation is : **Toledo Services, Corp.**
- 2.- The name and address of the registered agent and office is:

Leandro Toledo
5901 SW 45 Street
Miami, FL 33155

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature: _____

Date: _____

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