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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _	CCSP CORPORATION
DOCUMENT NUMBER:	P05000156589
The enclosed Articles of Amendm	ent and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
	(Name of Contact Person)
	CCSP CORPORATION
	(Firm/ Company)
	1206 MILLENNIUM PKWY., SUITE 1210
	(Address)
	BRANDON, FL 33511 (City/ State and Zip Code)
For further information concerning	•
MICHAEL FITZGERALD	at (<u>813</u>) <u>684–1367</u>
(Name of Contact Perso	on) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following	ng amount:
KX \$35 Filing Fee ☐\$43.75 F Certifica	Filing Fee & S43,75 Filing Fee & S52.50 Filing Fee ate of Status Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3231	Clifton Building

Tallahassee, FL 32301



February 17, 2006

CCSP CORP 1206 MILLENNIUM PKWY., STE. 1210 BRANDON, FL 33511

SUBJECT: CCSP, CORP Ref. Number: P05000156589

We have received your document for CCSP, CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 106A00011569

Irene Albritton Document Specialist

Articles of Amendment to Articles of Incorporation of (Name of corporation as currently filed with the Florida Dept. of State) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: NEW CORPORATE NAME (if changing): Socres Pereira Brothers, Inc. (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 02 01 2006
Effective date if applicable: 02 01 2000 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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 must 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
(voting group)
The amendment(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.
Signature (By a director, president or other officer - 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)
Clauderson Soares Pereiro (Typed or printed name of person signing)
Office. (Title of person signing)

FILING FEE: \$35