Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100001921113)))



H100001921113ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000009
Phone : (305)552-5973
Fax Number : (305)220-1440

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

Email Address:

SECRETARY OF STATE

COR AMND/RESTATE/CORRECT OR O/D RESIGN RED SKY GLOBAL CONSULTING, INC.

Certificate of Status

0

Certified Copy

0

Page Count

04

Estimated Charge

\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

H10000192111

Articles of Amendment

to

Articles of Incorporation of

	thy filed with the Florida De	pt. of State)	
(Document Numb	er of Corporation (if known)		
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida	n Profit Corporation	adopts the following
A. If amendian name, enter the new name of t	he corporation:		
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co., " or the dename must contain the word "chartered," "profe	esignation "Corp." "Inc." or ssional association," or the a	"Co". A profession	
B. Enter new principal office address, if applie (Principal office address MUST BE A STREET	ADDRESS)		AUG 27 PH
C. Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE	<u></u>		2:37
D. If amending the registered seem and/or re- new registered agent and/or the new register		rids, enter the name	of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street uddre	24)	
New Registered Office Address:	(Florida street uddre. (City)	(Zip Cods)	

Page 1 of 3

H10000192111

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)

<u> Title</u>	Name .	<u>Address</u>	Type of Action
	Isabel Castillo Secretory	2463 Center Cote Dr. # 203 Wirama FL 320	Add Emove
	John Reyes Secretary	GOTE Dr. #20 MIYAMAY FL 3	Remove
·······			Add Remove
E. If amend	ling or adding additional Articles, ente	change(s) here:	
(attach a	dditional sheets, if necessary). (Be spec	ific)	
<u></u>			
provisi	mendment provides for an exchange, re ons for implementing the emendment if not applicable, indicate N/A)	classification, or cancellation of i	ssued snores. Litself:
			
			· · · · · · · · · · · · · · · · · · ·
			

Page 2 of 3



H10000192111

The date of each amountment	(s) adoption: 8/27/10 (date of adoption is required)
i de fitte di chen sistemmest	(date of adoption is required)
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	to approved by the shareholders through voting groups. The following statement d 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/was action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	3/27/10
Signature	off ales.
sele	a director, president or other officer — if directors or officers have not been exted, by an incorporator — if in the hands of a receiver, trustee, or other court conted fiduciary by that fiduciary)
	Zutey Val de S (Typed or printed name of person signing)
	President
	(Title of person siming)