

PO7000022240

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Amend

09/04/14--01011--015 **43.75

SECRETARY OF STATE
TALLAHASSEE-FLORIDA

2014 SEP -4 PM 1:27

FILED.

DOOR
9/11/14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CNS INVESTMENT GROUP, INC.

DOCUMENT NUMBER: P07000022240

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alejandro Rad

Name of Contact Person

CNS INVESTMENT GROUP, INC.

Firm/ Company

6265 SW 48th Ave.

Address

Ocala, FL 34474

City/ State and Zip Code

info@cnsinvestmentgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandro Rad

Name of Contact Person

at (305) 216-2541

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
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

CNS INVESTMENT GROUP, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P07000022240

(Document Number of Corporation (if known))

FILED
2014 SEP -4 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1025 E Silver Springs Blvd.

Ocala, FL 34470

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 830503

Ocala, FL 34483

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

RM Tax & Accounting Svcs, LLC

1025 E Silver Springs Blvd.

(Florida street address)

New Registered Office Address:

Ocala

Florida

34470

(City)

(Zip Code)

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.


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.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|---|----------|----------------------------------|------------------------------------|
| 1) <input type="checkbox"/> Change | <u>P</u> | <u>Remo G. Nogueira Albornoz</u> | <u>8306 ASHMONT WAY</u> |
| <input type="checkbox"/> Add | | | <u>MASON, OH 45040</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input checked="" type="checkbox"/> Change | <u>P</u> | <u>Alejandro Rad</u> | <u>1025 E Silver Springs Blvd.</u> |
| <input type="checkbox"/> Add | | | <u>Ocala, FL 34470</u> |
| <input type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change | <u>D</u> | <u>Carlos H. Yánes Sánchez</u> | <u>Av Ppal Eugenio Mendoza</u> |
| <input type="checkbox"/> Add | | | <u>Edif. Banco de Lara, P 10</u> |
| <input checked="" type="checkbox"/> Remove | | | <u>Caracas, 1080 VE</u> |
| 4) <input type="checkbox"/> Change | <u>D</u> | <u>Nélson J. Díaz Gautier</u> | <u>Av Ppal Eugenio Mendoza</u> |
| <input type="checkbox"/> Add | | | <u>Edif. Banco de Lara, P 10</u> |
| <input checked="" type="checkbox"/> Remove | | | <u>Caracas, 1080 VE</u> |
| 5) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an 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)

N/A

The date of each amendment(s) adoption: May 5th, 2014, if other than the date this document was signed.

Effective date if applicable: May 5th, 2014
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted 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.

Dated September 2nd, 2014

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)

Alejandro Rad

(Typed or printed name of person signing)

President

(Title of person signing)