# P07000056014

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	<del>= #)</del>		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



400279520724

11/30/15--01009--008 \*\*35.00



DEC - 2 2015

C McNAIR

### **COVER LETTER**

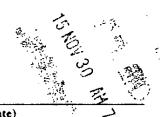
TO: Amendment Section

Division of Corporations

ATLANTICSOFT INC NAME OF CORPORATION: DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Laura Lucia Giraldo Sanchez Name of Contact Person ATLANTICSOFT INC Firm/ Company 2369 W 80th Street, Suite 1 Address Hialeah Gardens, Fl 33016 City/ State and Zip Code PABLO.VELASQUEZ@atlanticsoft.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Dario Procopio Name of Contact Person 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 & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

# Articles of Amendment to Articles of Incorporation of



## ATLANTICSOFT INC

(Name o	of Corporation as curren	tly filed with the Florida Dept. of State)	ب
P07000056014			
	(Document Number	of Corporation (if known)	W.
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the follow	ing amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
N/A			The new
	ation "Corp," "Inc," or	on," "company," or "incorporated" or the "Co". A professional corporation name mus "P.A."	abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2369 W 80th Street, Suite 1	
		Hialeah Gardens, Fl 33016	V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2369 W 80th Street, Suite !	
		Hialeah Gardens, Fl 33016	
		<del></del>	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	Laura Lucia Giraldo San	chez	
tame of the Register but 12 gens	2369 W 80th Street, Suit	e l	<del>_</del>
	(Florida s	treet address)	مسيميه
New Registered Office Address:	Hialeah Gardens,	33016 , Florida	г
			ip Code)
New Registered Agent's Signature, if c	hanging Degistered Ager	***	
		with and accept the obligations of the position	1.
CIVC	JuraGado	Scholas	

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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Salfy Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	Jose C. Gomez	12234 Meadowcrest LN
Add			Jacksonville, FL 32246
X Remove			
2) Change	P	Laura Lucia Giraldo Sanchez	2369 W 80th Street, Suite 1
X Add			Hialeah Gardens, Fl 33016
Remove			
3 ) Change	D	Sandra Molina	2369 W 80th Street, Suite 1
X Add			Hialeah Gardens, F1 33016
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			**************************************
Add			
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

•	N/A	
The date of each amendment(s	adoption:	, if other than the
date this document was signed.	10/22/2015	
Effective date if applicable:		
	(no more than 90 days o	after amendment file date)
Note: If the date inserted in the document's effective date on the		atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number sufficient for approval.	er of votes cast for the amendment(s)
	approved by the shareholders through voi for each voting group entitled to vote sep	
"The number of votes of	ast for the amendment(s) was/were suffic	ient for approval
by N/A		23
<u> </u>	(voting group)	***************************************
The amendment(s) was/were action was not required.	adopted by the board of directors without	t shareholder action and shareholder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without share	reholder action and shareholder
10/22/2 Dated	015	
Signature	Jamey \	11
	a director, president or other officer - if of ceted, by an incorporator - if in the hands	
арр	pinted fiduciary by that fiduciary)	or a receiver, a sales, or other court
	Jose C. Gomez	
	(Typed or printed name of	f person signing)
	President	
	(Title of perso	on signing)

# ACCEPTANCE NOTICE BY NEW REGISTERED AGENT OF ATLANTICSOFT INC.

November 5, 2015

To Florida Department of State Division of Corporations

SUBJECT: ATLANTICSOFT INC Doc Number REF: P07000056014

I, LAURA LUCIA GIRALDO SANCHEZ, am familiar with the duties and the responsibilities of the REGISTERED AGENT for ATLANTICSOFT INC. and I hereby accept the appointment as NEW REGISTERED AGENT for ATLANTICSOFT INC. Sincerely,

LAURA LUCIA GIRALDO SANCHEZ

Nouva luía Girado Sónchez

Registered Agent