P07000095387

| (Red | questor's Name) | |
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| (City | //State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | siness Entity Nar | me) |
| (Doc | cument Number) | · |
| Certified Copies | | |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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THY SECRETARY OF CORP. SHAPEN

Amend CCOULLIETTE

APR 06 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPO | ORATION: | EXCELSIS CONSULTIN | G INC |
|---|--|---|---|
| DOCUMENT NUM | UMENT NUMBER: P07000095387 | | |
| The enclosed Article | es of Amendment and fee | are submitted for filing. | |
| Please return all cor | respondence concerning th | is matter to the following: | |
| _ | | BERT W PAREDES | |
| | ľ | Name of Contact Person | |
| EXCELS | | SIS CONSULTING INC | |
| | Firm/ Company | | |
| _ | 10109 HUNTERS POINT CT | | |
| | | Address | |
| _ | TAMPA,FL 33615 City/ State and Zip Code | | |
| | | , | |
| | E-mail address: (to be use | REDES @HOTMAIL.COM ed for future annual report notification) | |
| For further informati | ion concerning this matter, | please call: | |
| ROB | ERT PAREDES | at (813) 5 | 06-2983 |
| Name o | f Contact Person | Area Code & Daytime Te | lephone Number |
| Enclosed is a check | for the following amount n | nade payable to the Florida Depar | rtment 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 Add Amendment Division of O P.O. Box 632 Tallahassee, | Section Corporations 27 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ | le |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

· ·

| EXCELSIS C | ORPORATION IN | C | |
|---|------------------------------------|--------------------------------|---------------------|
| (Name of Corporation as curre | ently filed with the Florid | a Dept. of State) | |
| P07 | 000095387 | | |
| | ber of Corporation (if kno | wn) | |
| Pursuant to the provisions of section 607.1000 amendment(s) to its Articles of Incorporation: | 6, Florida Statutes, this <i>F</i> | lorida Profit Corporation ac | lopts the following |
| A. If amending name, enter the new name of | the corporation: | | |
| | | | The new |
| name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj | designation "Corp," "Inc | e," or "Co". A professional | |
| B. Enter new principal office address, if app | licable: | | |
| (Principal office address MUST BE A STREE | | | _ |
| | <u></u> | | = 54 |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | | | PARY OF CART |
| (Muning universe MAT BE A FOST OFFIC | CE BOX) | | _ → → |
| | | | _2 <u> </u> |
| | | | |
| D. If amending the registered agent and/or renew registered agent and/or the new regis | | n Florida, enter the name of | `the |
| new registered agent and/or the new regis | tered office address; | | |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | (Florida street a | ddress) | |
| | | , Florida | |
| - | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changin | g Registered Agent: | | |
| I hereby accept the appointment as registered ag | | nd accept the obligations of t | he position. |
| | | | |
| | anatura of New Registered | I Agant 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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------------------------|--|----------------|
| <u>VP</u> | AIDA E PAREDES | 10109 HUNTERS POINT CT TAMPA,FL 33615 | _ |
| | | | _ |
| | | | _ |
| | dditional sheets, if necessary). (Be | | |
| | | | |
| provisi | ons for implementing the amendme | e, reclassification, or cancellation of is nt if not contained in the amendment | |
| (if n | ot applicable, indicate N/A) | | |
| | | | |
| | | | |
| | | | |

| The date of each amendmen | t(s) adoption: <u>04-02</u> | 2-2011 |
|---|-----------------------------|---|
| Effective date <u>if applicable</u> : | | date of adoption is required) |
| , | (no more than 90 d | ays after amendment file date) |
| Adoption of Amendment(s) | (<u>CHEC</u> | K ONE) |
| The amendment(s) was/we by the shareholders was/w | | areholders. The number of votes cast for the amendment(s) roval. |
| | | nareholders through voting groups. The following statement oup entitled to vote separately on the amendment(s): |
| "The number of votes | cast for the amendme | ent(s) was/were sufficient for approval |
| by | | ." |
| • | (voting group) | |
| The amendment(s) was/we action was not required. | re adopted by the boa | ard of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | re adopted by the inc | orporators without shareholder action and shareholder |
| Dated 04-0 | 2-2011 | |
| Signature _ | | oudlo- |
| (By | a director, president | or other officer – if directors or officers have not been tor – if in the hands of a receiver, trustee, or other court |
| | ointed fiduciary by the | |
| | F | ROBERT W PAREDES |
| | (Typed | or printed name of person signing) |
| | | PRESIDENT |
| | (Title of per | rson signing) |