## P08000039727

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: VIPWAY A BER: P0800003972	MERICA CORP 7	
	of Amendment and fee are su		' '
Please return all corres	pondence concerning this ma	tter to the following:	
	DAVILSON ROD	RIGUES	
		Name of Contact Persor	1
•	ADR ACCOUNTI	NG SERVICES	CORP
•		Firm/ Company	
	4699 N FEDERA	L HWY STE 109	<u> </u>
		Address	
	POMPANO BEAG	CH, FL 33064	
•		City/ State and Zip Code	e
AC	COUNTINGSERV	/ICES@DAVILS	ON.COM
		sed for future annual report	
For further information	n concerning this matter, pleas	se call;	
DAVILSON F	RODRIGUES	at (954	, 338-4000
Name (	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depo	artment 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)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton 2661 I	Address Iment Section on of Corporations Building Executive Center Circle assec, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED

2013 JUN 18 PM 4:54 VIPWAY AMERICA CORP. SECRETARY OF STATE (Name of Corporation as currently filed with the Florida Dept. of State) P08000039727 (Document Number of Corporation (if known) 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: 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. 4699 N FEDERAL HWY STE 109E B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) POMPANO BEACH, FL 33064 C. Enter new mailing address, if applicable: 4699 N FEDERAL HWY STE 109E (Mailing address MAY BE A POST OFFICE BOX) POMPANO BEACH, FL 33064 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: ADR ACCOUNTING SERVICES CORP. Name of New Registered Agent 4699 N FEDERAL HWY STE 109E (Florida street address) Florida 33064 POMPANO BEACH New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent:

Page 1 of 4

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 <math>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	$\underline{V}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	FABIO S DE OLIVEIRA	5945 NW 102ND AVE
Add			DORAL, FL 33178
X Remove			
2) Change	<del></del>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		
Add			<del></del>
Remove			
6) Change			
Add			
Remove			

f an amendment provides for an exchange, reclassification, or cancellation of issued provisions for implementing the amendment if not contained in the amendment itse (if not applicable, indicate N/A)	
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	<del> </del>
·	<del></del>

The date of each amendment(s) adoption:    O6/13/2013
<ul> <li>■ 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.</li> <li>□ 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):         <ul> <li>"The number of votes cast for the amendment(s) was/were sufficient for approval</li> <li>by</li></ul></li></ul>
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
"The number of votes cast for the amendment(s) was/were sufficient for approval  by
by"  (voting group)  The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
(voting group)  The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder
action was not required.  Dated JUNE 13, 2013  Signature
(By a director, president or other officer – if directors or officers have not been selected, by an incorporation – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
VALMIR/CLAUDIO CONSONI
(Typed or printed name of person signing)
PRESIDENT (Title of person signing)