

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.

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H170001012253ABCT

| To:  Division of Corporations Fax Number : (850) 617-6380  From:  Account Name : GUZMAN & GUZMAN, P.A. |       | age. Doing so will generate another cover sheet | <u></u>  |
|--|-------|---|--|
| Division of Corporations Fax Number : (850)617-6380  From:   | To:   |   |  |
| Fax Number : (850) 617-5380  |       | Division of Corporations                        |  |
| rrow.  |       | Fax Number : (850)617-6380                      | * ************************************   |
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| Account Name : GUZMAN & GUZMAN, P.A.   | From: | ·   |  |
|  |       | Account Name : GUZMAN & GUZMAN, P. I            | . <u>Q</u> T   |
|  |       |   | THE STATE OF THE S |
| Account Number: I20080000090 Phone : (305) 670-1991  |       | Fax Number : (305)670-1993                      | -  |

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

| Email | Address: |  | <u></u> |  |  |  |
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S. TALLENT

MAY 01 2017

## COR AMND/RESTATE/CORRECT OR O/D RESIGN CHIPPY CORPORATION

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

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April 19, 2017

## FLORIDA DEPARTMENT OF STATE Division of Corporations

CHIPPY CORPORATION 9130 S. DADELAND BLVD.SUITE 1509 MIAMI, FL 33156

SUBJECT: CHIPPY CORPORATION

REF: P08000083676

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE REVIEW AND SUBMIT PAGE 1 OF 4 OF THE AMENDMENT FORM ALONG WITH THE ENTIRE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent Regulatory Specialist II FAX Aud. #: H17000101225 Letter Number: 417A00007596

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BENNEY CONTROLL

BENNEY CONTROLL

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THE LEGALS SEEN FLORIDAY

P.O BOX 6327 - Tallahassee, Florida 32314

To:

Fax: (850) 817-6380

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## Articles of Amendment to Articles of Incorporation

| CHIPPY CORPORATION   |                                  | ,  |                       |           |
|--|----------------------------------|--|-----------------------|-----------|
| (Name  | of Corporation as currently      | filed with the Florida Dept. of  | State)                |           |
| P08000083676   | •                                |  |                       |           |
|  | (Document Number of              | Corporation (if known)   |                       |           |
| Pursuant to the provisions of section 60 its Articles of Incorporation:  | 7.1006, Florida Statutes, this F | lorida Profit Corporation adopts   | the following amendm  | nent(s) t |
| A. If amending name, enter the new r   | name of the corporation:         |  |                       |           |
|  |                                  |  | The ne                | <b>.</b>  |
| name must be distinguishable and co. "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associations and control of the c | nation "Corp," "Inc," or "C      | o", A professional corporation   | d" or the abbreviatio | n         |
| B. Enter new principal office address, if applicable:  |                                  |  | هسم وبراغ             |           |
| (Principal office address <u>MUST BE A S</u>   | STREET ADDRESS )                 | -  | <b>一</b> 连显           |           |
|  |                                  | ·  | - <del>- 2</del>      |           |
|  |                                  |  | <del></del>           |           |
| Enter new mailing address, if applicable:<br>(Mailing address <u>MAY BE A POST OFFICE BOX</u> )  |                                  | 9130 S DADELAND BLVD, S  | TE 1509               | (TI       |
|  |                                  |  |                       | NEW       |
|  |                                  | MIAMI, FL 33156  | <u> </u>              |           |
|  |                                  |  | <u>\$</u>             |           |
| D. If amending the registered agent and new registered agent and/or the ne   |                                  | s in Florida, enter the name of  | <u>the</u>            |           |
| Name of New Registered Agent   |                                  |  |                       |           |
| THE OF THE WINDS AS  | 9130 S DADELAND BLVD             | , STE 1509   |                       |           |
|  | (Florida street                  | address)   | <del></del>           |           |
| New Registered Office Address:   | MIAMI                            | . Flor   | ida 33156             |           |
| THE ADDRESS OF OWNER THE   | (C                               | ity)   | (Zip Code)            |           |
|  |                                  |  |                       |           |
| New Registered Agent's Signature, if c   | hanaina Dogistavad Aganti        |  |                       |           |
| hereby accept the appointment as regist  |                                  | h and accept the obligations of th   | e position.           |           |
|  |                                  |  |                       |           |
|  |                                  |  |                       |           |
| —  | Signature of Non Pos             | stored Agent, if changing  | <del></del> -         |           |
|  | dignature of the large           | And the state of t |                       |           |

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:

To:

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.

| X Change                      | PT                                    | John Doe                             |                           |
|-------------------------------|---------------------------------------|--------------------------------------|---------------------------|
| X Remove                      | Y                                     | Mike Jones                           |                           |
| X Add                         | <u>sv</u>                             | Sally Smith                          |                           |
| Type of Action<br>(Check One) | Title                                 | Name                                 | Address                   |
| 1) Change                     | MGR                                   | REY, JULIO                           | 17890 WEST DIXIE HIGHWAY  |
| Add                           |                                       |                                      | GREYNOLDS PH 718          |
| X Remove                      |                                       |                                      | NORTH MIAMI BEACH, FL 331 |
| 2) Change                     | MGR                                   | REY, JULIO                           | 17890 WEST DIXIE HIGHWAY  |
| Add                           | •                                     | <del>-</del>                         | GREYNOLDS PH718           |
| X Remove                      |                                       |                                      | NORTH MIAMI BEACH, FL 331 |
| 3) Change                     | MGR                                   | G & G MANAGEMENT US LLC $\checkmark$ | 9130 S DADELAND BLVD      |
| X Add                         |                                       | •                                    | STE 1509                  |
| Remove                        |                                       |                                      | MIAMI, FL 33156           |
| 4) Change                     | · · · · · · · · · · · · · · · · · · · |                                      |                           |
| Add                           |                                       |                                      |                           |
| Remove                        |                                       |                                      |                           |
| 5) Change                     |                                       |                                      |                           |
| Add                           |                                       | ,                                    |                           |
| Remove                        |                                       |                                      |                           |
| 6)Change                      |                                       |                                      |                           |
| Add                           |                                       |                                      |                           |
| Remove                        |                                       |                                      |                           |

From: Paola Sanchez

Fax: (305) 670-1991

To:

Fax: (850) 617-6380

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| If amending or adding additional Articles,<br>Attach additional sheets, if necessary). (Be | e specific)   |               |
|--|---|---------------|
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|  |   | _             |
| provisions for implementing the amendmen   | reclassification, or cancellation of issued shares, on if it not contained in the amendment itself: |               |
| (Cust applicable indiana MA)   |   |               |
| (if not applicable, indicate N/A)  |   |               |
| (y noi applicable, indicate N/A)   |   | <del>-,</del> |
| (y not applicable, indicate N/A)   | ·   |               |
| (y not applicable, indicate N/A)   | ·   |               |
| (y not applicable, indicate N/A)   |   |               |
| (y not applicable, indicate N/A)   |   |               |
| (y not applicable, indicate N/A)   | ·   |               |

| Eram: | Daala | Sanchez |
|-------|-------|---------|
| riom: | raom  | Sanchez |

Fax: (305) 670-1991

To:

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| The date of each amendment(s) ad date this document was signed.               | option:  |  | _, if other than the |
|---|--|--|----------------------|
| _   |  |  |                      |
| Effective date if applicable:   | (no more than !  | 90 days aster amendment file date)   |                      |
| Note: If the date inserted in this bl<br>document's effective date on the Dep |  | icable statutory filing requirements, this date will                             | not be listed as the |
| Adoption of Amendment(s)  | (CHECK ONE)  |  |                      |
| The amendment(s) was/were adop<br>by the shareholders was/were suff           |  | e number of votes east for the amendment(s)                                      |                      |
|   |  | ough voting groups. The following statement vote separately on the amendment(s): |                      |
| "The number of votes cast fo  |  | **   |                      |
| by  |  | , n  |                      |
|   | (voting group)   |  |                      |
| The amendment(s) was/were adopt action was not required.                      | ted by the board of directors                                    | without shareholder action and shareholder                                       |                      |
| ☐ The amendment(s) was/were adopaction was not required.                      | ted by the incorporators with                                    | nout shareholder action and shareholder  |                      |
| Dated_April   | 12,2017  |  |                      |
|   | Mor  |  |                      |
| Signature   | MANUL  |  | <del>-</del>         |
|   |  | rectors or officers have not been  |                      |
|   | by an incorporator — if in the<br>I fiduciary by that fiduciary) | hands of a receiver, trustee, or other court                                     |                      |
|   | Alberta  | GUZMan   |                      |
| _   |  | name of person signing)  |                      |
| M   | GR   | or person signing,   |                      |
|   |  |  |                      |
|   | (Title c   | of person signing)   |                      |