Florida Department of State

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July 27, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORPOS OVERSEAS, INC. 1600 PONCE DE LEON BLVD. SUITE 1009 CORAL GABLES, FL 33134

SUBJECT: CORPOS OVERSEAS, INC.

REF: P09000024187

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.

We did not receive page 3 of 3 for this amendment.

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Teresa Brown Regulatory Specialist II FAX Aud. #: H10000169807 Letter Number: 510A00018171

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

Articles of Amendment to Articles of Incorporation

	61.	
wrios overs	eas, inc.	
(Name of Corporation a	la Dept. of State)	
	P09000024187	
· (Docume	ent Number of Corporation (if kno	own)
Pursuant to the provisions of section 69 amendment(s) to its Articles of Incorpora	07.1006, Florida Statutes, this Fration:	Torida Profit Corporation adopts the follow
L. If amending name, enter the new n	nme of the corporation:	
		The new
tame must be assunguishable and co. subbreviation "Corp.," "Inc.," or Co.," ame must contain the word "chartered,	' or the designation "Corp." "Inc	"company," or "incorporated" or the c," or "Co". A professional curporation the abbreviation "PA."
Enter new principal office address,		
Principal office address MUST BE A S	TREET ADDRESS)	
		4
Enter new mailing address, if appli	licable:	
(Malling address MAY BE A POST	OFFICE BOX)	
	•	
•		
. If amonding the registered agent an	od/or registered office address is	n Florida, enter the name of the
new registered agent and/or the nev	w registered office address:	
Name of Naw Registered Agent:	•	•
		* · •• · · · · · · · · · · · · · · · · ·
New Registered Office Address:	(Florida street a	ddress)
ALED ALE SHIP ON COLUMN ASSESSMENT		
ALL CALLED TO THE COLUMN ASSET TO THE COLUMN A	•	. Florida
The state of the s	(City)	, Florida(Zip Code)
ow Registered Agent's Signeture, if cl	hnuging Registered Agent:	(Zip Code)
ow Registored Agent's Signeture, if cl	hnuging Registered Agent:	(Zip Code) nd accept the obligations of the position,

removed a	nd title, name, and address of ea- litional sheets, if necessary)	enter the title and name of each officer/o ch Officer and/or Director being added:	trector being
Title	Name	Address	Type of Actio
Dir.	Armando Javier	Bluck to two y coral Gables, FL	□ Romove
•			
·		· · · · · · · · · · · · · · · · · · ·	
E. If amend	ling or adding nelditional Article Iditional sheets, if necessary). (t	s. entor change(s) here: Be specific)	
	· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·		:	· ·····
provisio	endment provides for an exchan ps for implementing the amenda of applicable, indicate N/A)	ige, reclassification, or cancellation of issuent if not confained in the amendment	ned shares, itself;
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		*	
			·
	·····		

The date of each amendment(s) adoption: 07/16/2010
(date of adoption is required) Effective date if applicable: 07/16/2000
Effective date if applicable: OF / 10 2010. (no more than 90 days after amondment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the sharsholders. The number of votes cust for the amendment by the sharsholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes oust 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 sharehold action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 07/16/2010
(By a director, president or differ officers or officers have not been selected, by an incorporator wif in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Oplando M Saldivia (Typed or printed name of person signing)
PRESIDENT.
(Title of person signing)