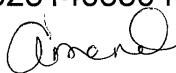
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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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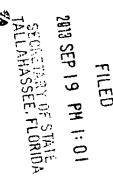
Office Use Only



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Q 26/13

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: MASTE | ER TOUCH EXPRESS INC |
|--|--|
| DOCUMENT NUMBER: P0900006 | 51090 |
| The enclosed Articles of Amendment and fee | are submitted for filing. |
| Please return all correspondence concerning t | his matter to the following: |
| ALAIN R FEF | RNANDEZ LOPEZ |
| MASTER TO | Name of Contact Person UCH EXPRESS INC |
| - WASTER TO | Firm/ Company |
| 6151 CARTH | • • |
| | Address |
| LAKE WORT | H, FL 33463 |
| | City/ State and Zip Code |
| ALAINTUBO31@ |)YAHOO.COM |
| E-mail address: (1 | to be used for future annual report notification) |
| For further information concerning this matter | τ, please call: |
| ALAIN R FERNANDEZ LO | DPEZ at (561) 667-9167 |
| 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 F Certificate of S | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

Articles of Amendment

to Articles of Incorporation FILED

MASTER TOUCH EXPRESS INC.

2013 SEP 19 PM 1: 01

(Name of Corporation as currently filed with the Florida Dept. of State) RY OF STATE

O61090

TALLAHASSEE, FLORIDA P09000061090

(Document Number of Corporation (if known)

mendment(s) to

| me must be aistinguisnable and contain the word -corpo Forp.," "Inc.," or Co.," or the designation "Corp," "Inc," | ration," "company," or "incorporated" or the a or "Co". A professional corporation name must |
|--|---|
| ord "chartered," "professional association," or the abbreviat | tion "P.A." |
| Enter new principal office address, if applicable: | 1761 LATHAM RD STE 4 |
| ncipal office address <u>MUST BE A STREET ADDRESS</u>) | WEST PALM BEACH, FL 33409 |
| Enter new mailing address, if applicable: | 1761 LATHAM RD STE 4 |
| (Mailing address MAY BE A POST OFFICE BOX) | WEST PALM BEACH, FL 33409 |
| | |
| new registered agent and/or the new registered of fice ad | |
| | |
| Name of New Registered Agent | |
| Name of New Registered Agent (Flori New Registered Office Address: | ida street address), Florida |
| (Flori New Registered Office Address: | ida street address) |

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> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | | | |
| Add | | | |
| Remove | | | |
| 2) Change | | _ | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | _ | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | <i>?</i> |
| Remove | | | |
| Remove | | | ·- |
| 6) Change | -111 | | |
| Add | | | |
| Remove | | | |

| (Attach <i>additional</i> | dding additional Arti | (Be specific) | |
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| If an amendment | t provides for an excl | change, reclassification, or cancellation of issued shares, | |
| (if not appli | mplementing the ame cable, indicate N/A) | endment if not contained in the amendment itself: | |
| (ij noi uppin | cubie, indicute (VA) | | |
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| The date of each amendment(s) addate this document was signed. | loption: | , if other than the |
|--|--|--|
| _ | | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval. | |
| ☐ The amendment(s) was/were app must be separately provided for | roved by the shareholders through voting groups. The following statement 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 | (voting group) | |
| | (voting group) | |
| ■ The amendment(s) was/were ado action was not required. | pted by the board of directors without shareholder action and shareholder | |
| ☐ The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder action and shareholder | |
| Dated | 6/13 | |
| Signature (By a di selected | inector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ded fiduciary by that fiduciary) | _ |
| | Alain R FERNANDEZ LopEZ (Typed or printed name of person signing) | <u>. </u> |
| | President. (Title of person signing) | |
| | (Title of person signing) | |