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SECRETARY OF STATE
SECRETARY OF STATE

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# **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

| NAME OF CORP                                                            | ORATION:                                     | TECHNICALPC, INC.                                                                                                            |                                                                                         |
|-------------------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| DOCUMENT NU                                                             | MBER:                                        | P09000093007                                                                                                                 |                                                                                         |
| The enclosed Article                                                    | les of Amendment and fee a                   | are submitted for filing.                                                                                                    |                                                                                         |
| Please return all co                                                    | rrespondence concerning th                   | is matter to the following:                                                                                                  |                                                                                         |
| -                                                                       |                                              | SERGIO MASSA  Name of Contact Person                                                                                         |                                                                                         |
|                                                                         | 1.                                           | value of Contact Person                                                                                                      |                                                                                         |
| -                                                                       | BUSINESS AUTHORITY CORPORATION Firm/ Company |                                                                                                                              |                                                                                         |
|                                                                         |                                              | · ····································                                                                                       |                                                                                         |
| -                                                                       | 8343 SW 40TH STREET Address                  |                                                                                                                              |                                                                                         |
|                                                                         |                                              | 7100.003                                                                                                                     |                                                                                         |
| -                                                                       | <del></del>                                  | MIAMI, FL 33155<br>ity/ State and Zip Code                                                                                   |                                                                                         |
|                                                                         | <u> </u>                                     | nyi biate and zip code                                                                                                       |                                                                                         |
| <u> </u>                                                                | E-mail address: (to be use                   | d for future annual report notification)                                                                                     |                                                                                         |
| For further informa                                                     | tion concerning this matter,                 | please call:                                                                                                                 |                                                                                         |
| ***                                                                     | RGIO MASSA                                   |                                                                                                                              | 20-3420                                                                                 |
|                                                                         | of Contact Person                            | Area Code & Daytime Tel                                                                                                      | •                                                                                       |
| Enclosed is a check                                                     | for the following amount n                   | nade payable to the Florida Depar                                                                                            | tment 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 Ad<br>Amendment<br>Division of O<br>P.O. Box 63<br>Tallahassee, | Section<br>Corporations<br>27                | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301 | le                                                                                      |

ARTICLES OF AMENDMENT TQ

FILED

ARTICLES OF INCORPORATION OF

TECHNICALPC, INC. (Charter# P09000093007)

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SECRETARY OF STATE section Table 1006,

provisions of Pursuant to the Statutes, the undersigned corporation adopts the following articles of amendment to its articles of incorporation:

## AMENDMENT ADOPTED TO ARTICLE IV:

The names and street addresses of the Directors are as follows. Please remove all other names:

NAME

## **ADDRESS**

Rafael Cervone President, Secretary

8205 NW 70 Street Miami, FL 33166

AMENDMENT ADOPTED

REGISTERED OFFICE AND AGENT

The name and address of the new registered agent is:

Rafael Cervone

8205 NW 70 Street Miami, FL 33166

THE DATE OF THE ADOPTION OF THIS AMENDMENT IS: July 15, 2011.

THE AMENDMENT WAS APPROVED BY THE SHAREHOLDERS. THE NUMBER OF VOTES CAST FOR THE AMENDMENT WAS SUFFICIENT FOR APPROVAL.

Signed this 15th day of July 2011.

TECHNICALPC, INC.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

### **ACKNOWLEDGMENT:**

Having been named to accept service of process for TECHNICALPC, INC., at 8205 NW 70 Street, Miami, FL 33166, I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.