10000052862

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	INTERCONTINENT N:	AL REGISTRY WI	HO'S WHO IN	C
	P10000052862			
DOCUMENT NUMBER: _				.
The enclosed Articles of Ame	ndment and fee are subn	nitted for filing.		
Please return all corresponder	nce concerning this matte	r to the following:		
GUSTAVO LOLI				
		(Name of Contact Po	erson)	
INTERCONTINENTAL RE	GISTRY WHO'S WHO I	NC		
		(Firm/ Company	y)	
8715 CAMBRIDGE POINT	E LANE			
		(Address)		
ORLANDO, FL 32829				
		(City/ State and Zip	Code)	
ADMIN@INTERCONTINE	NTALWHOSWHO.COM	М		
E-	mail address: (to be used	for future annual rep	ort notificatio	n)
For further information conce	erning this matter, please	call:		
GUSTAVO LOLI		at	954	552-9668
(Name of Contact Person			(Daytime Telephone Number)
Enclosed is a check for the fo	illowing amount made pa	yable to the Florida	Department of	State:
\$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	Certi: is Certi: (Add	0 Filing Fee ficate of Status fied Copy itional Copy is osed)

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 of

INTERCONTINENTAL REGISTRY WHO'S WHO IN	NC		 36	_
(Name of Corporation as c	urrently filed with the Flor	ida Dept. of State)	C	Ξ
P10000052862			m E	=
(Document	Number of Corporation (if kr	iown)	SSE	ر
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this <i>Florida Not Fo</i>	r Profit Corporation adopts	the followin	g
A. If amending name, enter the new name of the cor	poration:		RID B	<u>۔</u>
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated	" or the abbreviation "Corp	The nev o.'' or "Inc.'	ν,
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDI				-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0			_
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the	,	-
Name of New Registered Agent:				_
New Registered Office Address:	(FI	orida street address)		-
		, Florida		_
	(City)	(Zip Code)		_
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent.		the obligations of the position	o n .	
	Signature of New Regist	tered 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 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 X Remove A Add	<u>V</u> <u>Mik</u>	n <u>Doe</u> e <u>Jones</u> y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	V	GUSTAVO LOLI	8715 CAMBRIDGE POINTE LN
X Add			ORLANDO, FL 32829
Remove			<u></u>
2) Change			
Add			
Remove			.
3) Change			
Add			
Remove			
4) Change		·	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
			. ,	
	<u> </u>			
				
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. MARCH 181, 2015	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
MARCH 1ST, 2015 Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the members and the number of votes cast for the amend was/were sufficient for approval.	ment(s)
There are no members or members entitled to vote on the amendment(s). The amendment(s) was adopted by the board of directors.	/were
Dated APRIL 29TH, 2015	
Signature June Jourseia	
(By-the chairman or vice chairman of the board, president or other officer-if did have not been selected, by an incorporator — if in the hands of a receiver, trust other court appointed fiduciary by that fiduciary)	
TEREZINHA GOUVEIA	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	