P10000063845

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ration: QI GLOBAL INVI	EST CORP		
	BER: P10000063845			
The enclosed Articles	of Amendment and fee are su	bmitted for filin	ng.	
Please return all corre	espondence concerning this ma	tter to the follo	wing:	
	WALTER G POPP			
•		Name of Co	ntact Persor	1
	OI GLOBAL INVEST CORI	p		
		. Firm/ C	ompany	
	18911 COLLINS AVE #2004		ompuny	
		Ado	dress	
	SUNNY ISLES BEACH - FI	33160		
	***	City/ State 2	nd Zip Code	c
FOC	XXER@GMAIL.COM			
	E-mail address: (to be us	sed for future a	nual report	notification)
	`		•	•
For further information	on concerning this matter, pleas	se call:		
WALTER POPP		at (305	807-5662
Name	(Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the l	Florida Depa	artment of State:
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	S43.75 Fil Certified ((Additional enclosed)	Copy I copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Amend Division Clifton	Address Iment Section on of Corporations a Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

10000063845				
	(Document Number of C	Corporation (it known)		
arsuant to the provisions of section 607. Articles of Incorporation	1006, Florida Statutes, this Fi	lorda Profit Corporation :	idopts the following	amendment(s) to
. If amending name, enter the new na	me of the corporation:			
				The man
une must be distinguishable and cont Corp. ""inc., or Co.," or the design and "chartered," "professional associat . Enter new principal office address. i	ation "Corp." "Inc." or "Ci ion," or the anticevation "P. if applicable:	o". A projessional corpor	orated" or the ab ation name ruist c	breviation The main the
Principal office address MUST BE A ST	TREET ADDRESS)			
		1		
			-	<u> </u>
. Enter new mailing address, if appli (Mailing address MAY BE A POST (
(, ruang nanco <u>sigr pt 4 rosi (</u>	WINE BOX.			
				·
. If amending the registered agent and	d/or registered office addres	ss in Florida, enter the na	me of the	
new registered agent and/or the new				
Name of New Registered Agent	WALTER POPP			
	18911 COLLINS AVE =200	94		
	(Florida stree	u uddress)	- And M	
New Registered Office Address:	SUNNY ISLES BEACH		. Florida 33160	
	10	Ngy	(Zip Ci	saleji
ew Registered Agent's Signature, it of heroby accept the apparament as registe		th and across the civilianua	n ar des anno no	

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 hecessary)

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 Do	<u>90</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) X Change	TREA	_	MARINA MILANESI	18911 COLLINS AVE #2004
Add				SUNNY ISLES BEACH - FL
Remove				33160
2) Change		_		
Add				
Remove				
3) Change	***	_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Changa				
6) Change		_	-	
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
	•	
If an amendment provides for an exch	change, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:	

The date of each amendment(s) adordate this document was signed.	ption:	, if other than the
Effective date it applicable:		
	eno more than 90 days after amondmont fite date.	***************************************
Note: If the date inserted in this blo document's effective date on the Department	ek does not meet the applicable statutory fiting requirements, this date timent of State's records.	will not be lived as the
Adoption of Amendment(s)	(<u>CHECK QNE</u>)	
The amendment(s) was were adopt by the shareholders was were sufficient was were sufficient.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The jollowing statement sch voting group entitled to vote suparately on the amendments (
The number of votes cast fo	r the ameadment(s) was/were sufficient for approval	
D¥		
	(voting group)	
The emendment(s) was were adopt action was not required	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was were adopt action was not required	ed by the incorparators without shareholder action and shareholder	
10/11/2016		
Dated	w. Ky.	
(By a dire solocied,	eter, president at other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court I inductory by that fiduciary)	•
"	ALTER POPP	
_	(Typed or printed name of person signing)	
D	1R	
- Way	(Title of person signing)	