# P1000000453

| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    | ,           |
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WENVILL VIO JOIDE

### **COVER LETTER**

NAME OF CORPORATION:

CURVEN CORP.

DOCUMENT NUMBER:

P10000100453

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

| INAKI SAIZARBITORIA, ESQ.  |
|--|
| Name of Contact Person   |
| INAKI SAIZARBITORIA, ESQ., P.A.                                    |
| Firm/ Company  |
| 21 S.W. 15 RD. SUITE 200   |
| Address  |
| HIAHI, FL. 33129   |
| City/ State and Zip Code   |
| INAKI SAI @ ADL. COH   |
| E-mail address: (to be used for future annual report notification) |

For further information concerning this matter, please call:

TO: Amendment Section

Name of Contact Person at (305) 374-4106

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee \$\times \text{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)

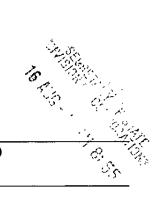
To the state of th

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** Articles of Incorporation of



## CURVEN CORP.

### (Name of Corporation as currently filed with the Florida Dept. of State)

|  | 0000100453  |
|--|---|
| (Document  | nt Number of Corporation (if known)   |
| Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation: | Statutes, this Florida Profit Corporation adopts the following amendment  |
| A. If amending name, enter the new name of the corp                                      | ooration:   |
|  | The new   |
|  | "corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A." |
| B. Enter new principal office address, if applicable:                                    |   |
| (Principal office address MUST BE A STREET ADDR  | <u>ESS</u> )  |
|  |   |
|  |   |
| C. Enter new mailing address, if applicable:   |   |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |
|  |   |
|  |   |
|  |   |
| D. If amending the registered agent and/or registered                                    | d office address in Florida, enter the name of the  |
| new registered agent and/or the new registered of  | fice address:   |
| Name of New Registered Agent   |   |
| -  |   |
|  | (Florida street address)  |
| V P : 100 411  | THE STATE   |
| New Registered Office Address:   | (City), Florida, Florida  |
|  |   |
|  |   |
| New Registered Agent's Signature, if changing Regist                                     | tered Agent:  |
| I hereby accept the appointment as registered agent. I d                                 | am familiar with and accept the obligations of the position.  |
|  |   |
|  |   |
|  |   |

Signature of New Registered 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.

| Evernoles                     | ve, and saily smail    | , Sr us un Auu.   |                            |
|-------------------------------|------------------------|-------------------|----------------------------|
| Example: X Change             | PT John D              | <u>Doc</u>        |                            |
| X Remove                      | <u>V</u> <u>Mike J</u> | lones             |                            |
| X Add                         | SV Sally S             | <u>Smith</u>      |                            |
| Type of Action<br>(Check One) | <u>Title</u>           | Name              | <u>Addres</u> s            |
| 1) Change                     | D-P-V-                 | -S CARLOS O.B. DE | AV EPITACIO PESSOA 1700    |
| Add                           |                        | MIRANDA           | APTO. 203                  |
| Remove                        |                        |                   | RIODE JANEIRO, BRAZIL, BR. |
| 2) Change                     | D_                     | KAREN ELHIR       | 1450 S. MIAMI AVE          |
| ✓_ Add                        |                        |                   | MIAMI, FI. 33130           |
| Remove                        |                        |                   |                            |
| 3) Change                     |                        |                   |                            |
| Add                           |                        |                   |                            |
| Remove                        |                        |                   |                            |
| 4) Change                     |                        |                   |                            |
| Add                           |                        |                   |                            |
| Remove                        |                        |                   |                            |
| 5) Change                     | <del></del>            |                   |                            |
| Add                           |                        |                   |                            |
| Remove                        |                        |                   |                            |
| 6) Change                     |                        |                   |                            |
| Add                           |                        |                   |                            |
| Damova                        |                        |                   |                            |

| Attach addition | r adding additional Ar<br>nal sheets, if necessary).                       | (Be specific)                           |                                 |  |          |
|-----------------|--|---|---------------------------------|--|----------|
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| provisions for  | ent provides for an exc<br>implementing the amo<br>plicable, indicate N/A) | hange, reclassific<br>endment if not co | ation, or cancellated in the am | tion of issued shar<br>endment itself: | es,      |
|                 |  |   |                                 |  |          |
|                 |  |   |                                 |  |          |
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| The date of each amendment(s) adoption:   | , if other than the    |
|---|------------------------|
|   |                        |
| Effective date <u>if applicable</u> :   |                        |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wild document's effective date on the Department of State's records.   | l not be listed as the |
| Adoption of Amendment(s) (CHECK ONE)  |                        |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.  |                        |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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)   |                        |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.   |                        |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.  Dated 7-28-16  Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  CARLOS O.B. DE MIRANDA |                        |
| (Typed or printed name of person signing)   |                        |
| $\frac{D_{-1}p_{-1}v_{-1}}{\text{(Title of person signing)}}$   | (21)                   |
| (Title of person signing)   |                        |