P11000006389

· (Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPOR	RATION:	MAC PRO USA INC	
DOCUMENT NUMBER:		P11000006389	
The enclosed Articles	of Amendment and fee a	are submitted for filing.	
Please return all corre	spondence concerning th	is matter to the following:	
	FE	ELIX BOHORQUEZ	
	N	Jame of Contact Person	
		Firm/ Company	
1965 CA		CALAIS DRIVE SUITE 5	
		Address	
	· · · · · · · · · · · · · · · · · · ·	AMI, FL. 33141 US City/ State and Zip Code	,
		eat@hotmail.com ed for future annual report notification)	<u>, </u>
For further informatio	n concerning this matter,	please call:	
	BOHORQUEZ		31-8415
•	Contact Person	Area Code & Daytime Te	•
Enclosed is a check to	r the following amount n	nade payable to the Florida Depar	tment of State:
□ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status		□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations		Street Address Amendment Section Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment Articles of Incorporation

MAC PRO USA INC

(Name of Corporation as currently filed with the Florida Dept. of State)	
D440000000	

P1	1000006389	
(Document No	umber of Corporation (if known)	
Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation		fit Corporation adopts the follo
A. If amending name, enter the new name	of the corporation:	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or to name must contain the word "chartered," "p.	he designation "Corp." "Inc." or "Co	". A professional corporation
B. Enter new principal office address, if an (Principal office address MUST BE A STRE		APR 11
C. Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OFF</u>		AM 9: 44
D. If amending the registered agent and/or new registered agent and/or the new re		enter the name of the
Name of New Registered Ageni:	JORGE BOHORQUEZ	_ _
New Registered Office Address:	1965 CALAIS DRIVE SUITE 7 (Florida street address)	
	MIAMI (City)	Florida <u>33141</u> (Zip Code)
New Registered Agent's Signature, if change I hereby accept the appointment as registered		

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)

<u>Title</u>	Name T	Address	Type of Action
P	FELIX BOHORQUEZ	1965 CALAIS DRIVE SUITE 5 MIAMI. FL. 33141	☐ Add ☐ Remove
<u>P</u>	JORGE BOHORQUEZ	1965 CALAIS DRIVE SUITE 7 MIAMI, FL. 33141	_ ☑ Add □ Remove
			Add Remove
(attach d	additional sheets, if necessary). (Be sp	evific)	
provis	nmendment provides for an exchange, sions for implementing the amendment not applicable, indicate N/A)		

The date of each amendmen	t(s) adoption: APRIL 6 2011
Effective date if applicable:	APRIL 6 2011 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	ere adopted by the shareholders. The number of votes east for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
;	(Title of person signing)