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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ICE INCOM	EVAX SERVIC
DOCUMENT NUMBER:	00001907	2 INC
The enclosed Articles of Amendment and fee a	are submitted for filing.	
Please return all correspondence concerning the	is matter to the following:	
JOHN (Na	ame of Copract Person)	
JACES	(Firm/ Company)	X SERVICE
1020 N.	E. 129th St. (Address)	Let Ste#2
North Ma (City	sy/State and Zip Code)	3161
E-mail address: (to	be used for future abnual report potifica	HHOO Com
For further information concerning this matter,	please call:	
(Name of Contact Person)	at (786)	S - 1/6 7 ne Telephone Number)
Enclosed is a check for the following amount m	nade payable to the Florida Department	of State:
\$35 Filing Fee	Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section	Street Address Amendment Section	,
Division of Corporations	Division of Corporation	ns
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center	Circle

Tallahassee, FL 32301

Articles of Amendm	ent FILED
Articles of Incorpora of	2011 MAR -7 PM 12: 33
LINCE INCOME	A SECRETATION OF
(Name of Corporation as currently filed with the	70
Pursuant to the provisions of section 617.1006, Florida Statutes, the	
the following amendment(s) to its Articles of Incorporation:	ns Provide Not Por Proje Corporation adopts
A. If amending name, enter the new name of the corporation:	
The new name must be distinguishable and contain the word "abbreviation "Corp." or "Inc." "Company" or "Co." may not be B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	weed in the name. 1020 N.E. 129th St Swite # 1. North MiaMi, FI 3316, 1020 N.E. 129th St Swife # 1. North MiaMi, FI 33/6.
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addresses and/or the new registered o	dress in Florida, enter the name of the
Name of New Registered Agent:	NE JEAN Dassisle
New Registered Office Address: (Florida	street address) Street address) Florida 331(1)
	(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I 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)

<u>Title</u> <u>Name</u>	Address	Type of Action
St JOHNNY LYNCE	= 1020 N.E. 1291	Z□ Add
	Street Suite	∠/ \ Remove FL 33/6/
ST CARLINE IN BOST	to 1215 NOF 1	Add Add
in Charles was supply	North Miasi;	Remove 53/6/
		_
		Li Remove
E. If amending or adding additional Articles, enter (attach additional sheets, if necessary). (Be specified)	rific)	
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Manday Mis	me in	13h sation
Tunt homole	o mu Mai	nie od
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the C.E.O. the	chairman	nothe.
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The date of each amendment(s) adoption: 13 - 54 - 2011
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated <u>03 - 03 - 2011</u>
Signature OHMINE
(By the chairman or vice chairman of the board, president or other officer-if directors
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
May Man & L.E. O (Title of person signing)
(Title of Person or Bring)