## D11000058457

(Red	questor's Name)		
(Add	lress)	<del> </del>	
(Add	lress)		
(City	//State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	siness Entity Nan	ne)	
(Doc	cument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			





200320106782

10/26/18--01018--014 \*+35.00

NATIONS OF STATE AND CLOSE STATES

Durend

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Amusement Soluti	ons U.S., Inc.	
DOCUMENT NUME	BER: 0030375700		
	of Amendment and fee are su	ibmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Gerald G. Gosine		
		Name of Contact Person	n
	Amusement Solutions U.S., Inc.		
	<u> </u>	Firm/ Company	
	2459 Palm Tree Drive		
Address			
	Kissimmee, FL 34759		
City/ State and Zip Code			e
gerry(	@amusementsolutions.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Gerald G. Gosine		at (	de & Daytime Telephone Number
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□S43.75 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 Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Amenc Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Amusement Solutions U.S., Inc.

(Name of Corporation as curre	ently filed wit	th the Florida L	lept. of State)
· <del></del>			

	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	is Florida Profit Corporation adopts the followi	ng amendin	ent(s) t
A. If amending name, enter the new n	ame of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the c "Co". A professional corporation name must "P.A."	The nev abbreviation t contain th	n
B. Enter new principal office address,	if annlicable:	2459 Palm Tree Drive		
(Principal office address MUST BE A S		Kissimmee, FL 34759		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2459 Palm Tree Drive Kissimmee, FL 34759		1
			1	
			55	
D. If amending the registered agent ar new registered agent and/or the ne				1551 1351 134
	w registered office addre	<del>.551</del>	2	22 50
Name of New Registered Agent	2450 D. 1. (7) . 15.			Tr.
	2459 Palm Tree Drive		_	
		street address)		
New Registered Office Address:	Kissimmee	, Florida		
		(City) (Zip	Code)	
New Registered Agent's Signature, if c	hanging Registered Age	nt:		
		r with and accept the obligations of the position.		
<del></del>	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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Romana			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

. . . .

	October 23, 2018	ie a a a
The date of each amendment(s) a date this document was signed.	doption:	, if other than th
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	•
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
October 1 Dated		
Signature	Mejosice	
	director, president of other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	Gerald G. Gosine	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>

. . . .