# P11000071854

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SECHETARY OF STATE

Amend Thewis 10-25-11

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION:	USA OCEAN PLACE COR	RP
DOCUMENT NUI	MBER:	P11000071854	
The enclosed Article	les of Amendment and fee	are submitted for filing.	
Please return all cor	rrespondence concerning th	is matter to the following:	
_	C(	DNRADO PERALTA	
		Name of Contact Person	
-		Firm/ Company	
_	20533 BISCAYNE BLVD STE 777		
		Address	
-		ENTURA, FL. 33180 City/ State and Zip Code	
	E-mail address: (to be us	ed for future annual report notification)	
For further informa	tion concerning this matter	please call:	
CON	RADO PERALTA	at ( 561 ) 902	-8678
Name	of Contact Person	Area Code & Daytime Telepi	hone Number
Enclosed is a check	for the following amount	nade payable to the Florida Departm	ent of State:
	\$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 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**

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#### **USA OCEAN PLACE CORP**

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

#### P11000071854

(Document Number of Corporation (if known)

	of the corporation:	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc," or	"Co". A professional corporation
B. Enter new principal office address, if app		
(Principal office address <u>MUST BE A STREE</u>	ET ADDRESS )	
	<del>-</del>	
C. Enter new mailing address, if applicable		
(Mailing address <u>MAY BE A POST OFFI</u>	CE BOX)	
	<del></del> -	
D. If amending the registered agent and/or a new registered agent and/or the new registered.		ida, enter the name of the
new registered agent and/or the new regi	stered office address.	
		<del></del>
Name of New Registered Agent:		
		-
Name of New Registered Agent:  New Registered Office Address:	(Florida street addres.	<u>s)</u>
		, Florida
	(Florida street addres. (City)	

## 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
<u>P</u>	GUINAZU, EMILIANO	20533 BISCAYNE BLVD #777 AVENTURA, FL. 33180	_ □ Add □ Remove
<u> </u>	PENA,ISABEL E SOFIA	20533 BISCAYNE BLVD#777 AVENTURA FL 33180	_ ☑ Add _ □ Remove
			_
(attach ad	dditional sheets, if necessary). (Be spe	cipe)	
provisio	nendment provides for an exchange, roons for implementing the amendment i		
(if n	ot applicable, indicate N/A)		

The date of each amendment	(s) adoption: Ottober 19,2011		
• •	(date of adoption is required)		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.		
	re approved by the shareholders through voting groups. The following statement d 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.	re adopted by the board of directors without shareholder action and shareholder		
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder		
Dated			
Signature •	Musice		
(By sele	a director president or other officer – if directors or officers have not been officed, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)		
	GUINAZU, EMILIANO		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

