# P11000 100235

| (Re                     | questor's Name)    |           |
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| (Ad                     | dress)             | <u> </u>  |
| (Ad                     | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | #)        |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | isiness Entity Nam | e)        |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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Office Use Only



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#### **COVER LETTER**

TO: Amendment Section

Division of Corporations

| NAME OF CORPORATION  DOCUMENT NUMBER:  The enclosed Articles of Ame  Please return all corresponder | ndment and fee are subsect to concerning this mate of the concerning this materials are subsected by the concerning the concerning this materials are subsected by the concerning the concer | P11000100235  mitted for filing.  ter to the following:  MIRIAM MARTIN  Name of Contact Person  ERVICES SUPPL  Firm/ Company  D PEREGRINE \  Address  VESTON, FL 33 | IEZ<br>LIERS CORP<br>WAY  |
|---|--|---|---|
| •   | GLOBAL SE  | MIRIAM MARTIN Name of Contact Person ERVICES SUPPL Firm/ Company D PEREGRINE \ Address VESTON, FL 33  | LIERS CORP  |
| Please return all corresponder  | GLOBAL SE  | MIRIAM MARTIN Name of Contact Person RVICES SUPPL Firm/ Company D PEREGRINE \ Address VESTON, FL 33   | LIERS CORP  |
|   | GLOBAL SE  | Name of Contact Person<br>ERVICES SUPPI<br>Firm/ Company<br>D PEREGRINE \<br>Address<br>VESTON, FL 33   | LIERS CORP  |
|   | 1200   | Firm/ Company D PEREGRINE \ Address VESTON, FL 33   | WAY   |
|   | 1200   | Firm/ Company D PEREGRINE \ Address VESTON, FL 33   | WAY   |
|   |  | O PEREGRINE \ Address VESTON, FL 33   |   |
|   |  | Address<br>VESTON, FL 33  |   |
|   | V  | VESTON, FL 33   | 327   |
|   | V  |   | 321   |
|   |  | City/ State and Zip Code  |   |
|   |  | •   |   |
| <del></del>   |  | nartinez@gss-co   |   |
| 15-   | man address. (to be us   | ed for future annual report   | notineation)  |
| For further information conce   | rning this matter, pleas   | e call:   |   |
| MIRIAM M  | IARTINEZ   | at (954   | 864-2305  |
| Name of Cont  | act Person   | Area Co   | de & Daytime Telephone Number   |
| Enclosed is a check for the fo  | llowing amount made p  | payable to the Florida Depa   | artment of State:   |
|   | \$43.75 Filing Fee &<br>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)    |
| Mailing Adamendment<br>Division of<br>P.O. Box 6<br>Tallahassee                                     | t Section<br>Corporations<br>327   | Amend<br>Divisio<br>Clifton<br>2661 E   | Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 |

#### Articles of Amendment to Articles of Incorporation of



### **GLOBAL SERVICES SUPPLIERS CORP**

|   |   | 31 11 5 4 60(4)   | · /⁄2             |
|---|---|---|-------------------|
| (Name of Corporation as   | P11000100   |   |                   |
| (Documer  | it Number of Corporation (  |   |                   |
|   |   |   |                   |
| Pursuant to the provisions of section 607. its Articles of Incorporation:             | 1006, Florida Statutes, this  | Florida Profit Corporation adopts the following   | g amendment(s) to |
| A. If amending name, enter the new na   | me of the corporation:  |   |                   |
| N/A   |   |   | _The new          |
|   | ation "Corp," "Inc," or   | on," "company," or "incorporated" or the act<br>"Co". A professional corporation name must of<br>"P.A." |                   |
| B. Enter new principal office address,  | if applicable:  | 55 NE 5TH AVENUE  | _                 |
| (Principal office address MUST BE A S   |   | SUITE 501   |                   |
|   |   | BOCA RATON, FL 33432  | -                 |
| C. Enter new mailing address, if appli<br>(Mailing address MAY BE A POST)             | cable:<br>OFFICE BOX)   | 1200 PEREGRINE WAY  | _                 |
|   |   | WESTON, FL 33327  |                   |
|   |   |   |                   |
|   |   |   | -                 |
| D. If amending the registered agent an new registered agent and/or the new            | i <u>d/or registered office add</u><br>w registered office a <u>ddres</u> | iress in Florida, enter the name of the   |                   |
| Name of New Registered Agent  | SAME REGIST   |   |                   |
| frame of their regime ou tigen  | 1200 PEREGR   | RINE WAY  |                   |
|   | (Florida si   | treet address)  |                   |
| New Registered Office Address:  | WESTON  | Florida 33327   | _                 |
|   | (City   | ) (Zip Code)  |                   |
|   |   |   |                   |
|   |   |   |                   |
| New Registered Agent's Signature, if of thereby accept the appointment as registered. |   | <u>it:</u><br>with and accept the obligations of the position.  |                   |
| y   | C V   |   |                   |
|   | gnature of New Registered   | Agent if changing   |                   |
| Si  | Small copyrien Regimerett   | rigerin y eminging  |                   |

## 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 Do     | <u>e</u>    |      |             |                 |   |              |
|----------------------------|--------------|-------------|-------------|------|-------------|-----------------|---|--------------|
| X Remove                   | <u>V</u>     | Mike Jo     | nes         |      |             |                 |   |              |
| X Add                      | <u>sv</u>    | Sally Sn    | nith        |      |             |                 |   |              |
| Type of Action (Check One) | <u>Title</u> |             | <u>Name</u> |      |             | <u>Addres</u> s |   | ·            |
| 1) Change                  |              | _           |             |      | <del></del> |                 |   |              |
| Add                        |              |             |             |      |             |                 |   |              |
| Remove                     |              |             |             |      |             |                 |   |              |
| 2) Change                  |              |             |             | <br> | <del></del> |                 |   |              |
| Add                        |              |             |             |      |             |                 |   |              |
| Remove                     |              |             |             |      |             |                 |   |              |
| 3 ) Change                 |              |             |             |      |             |                 |   |              |
| Add                        |              |             |             |      |             |                 |   |              |
| Remove                     |              |             |             |      |             |                 |   |              |
| 4) Change                  |              |             |             | <br> |             |                 |   |              |
| Add                        |              |             |             |      |             |                 |   |              |
| Remove                     |              |             |             |      |             |                 |   | ··           |
| 5) Change                  |              |             |             |      |             |                 |   | ٠,           |
| Add                        |              | _           | -           | · -  | <del></del> |                 |   |              |
| Remove                     |              |             |             |      |             |                 |   |              |
| Remove                     |              |             |             |      |             | <del></del>     |   |              |
| 6) Change                  |              | <del></del> |             | · -  | <del></del> |                 |   |              |
| Add                        |              |             |             |      |             |                 |   | <del>-</del> |
| Remove                     |              |             |             |      |             |                 | _ |              |

| E. If amending or ad<br>(Attach additional s | ding additional Art                       | icles, enter cha<br>(Be specific) | nge(s) here:                          |                    |            |
|--|---|-----------------------------------|---------------------------------------|--------------------|------------|
| V/A  |   | (1.0 54.000)                      |                                       |                    |            |
| <u> </u>                                     |   |                                   |                                       |                    |            |
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|  |   |                                   |                                       |                    |            |
|  |   |                                   |                                       |                    |            |
| . If an amendment                            | provides for an exc                       | hange, reclassi                   | fication, or cane                     | ellation of issued | shares,    |
| (if not applic                               | nplementing the amade able, indicate N/A) | enament II not                    | contained in the                      | amenament itsei    | <u>ır.</u> |
| V/A  | ,   |                                   |                                       |                    |            |
| <u> </u>                                     |   |                                   |                                       |                    |            |
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|  |   | <u> </u>                          |                                       | -                  |            |
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|  |   |                                   |                                       |                    |            |
|  |   | ,                                 |                                       |                    |            |
|  |   |                                   |                                       |                    |            |

| The date of each amendment(s) ac                                   | 10ption: 3UNE 25, 2015   |
|--|--|
| Effective date if applicable:                                      |  |
|  | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)   | ( <u>CHECK ONE</u> )   |
| ■ The amendment(s) was/were add<br>by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.   |
|  | proved by the shareholders through voting groups. The following statement 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)   |
|  | (voung group)  |
| ☐ The amendment(s) was/were add action was not required.           | opted by the board of directors without shareholder action and shareholder   |
| ☐ The amendment(s) was/were add action was not required.           | opted by the incorporators without shareholder action and shareholder  |
| Dated JUNE Signature   | the total  |
| (By selecte  | d by an incorporator - if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)                               |
|  | MIRIAM MARTINEZ  |
|  | (Typed or printed name of person signing)  |
|  | PRESIDENT  |
|  | (Title of person signing)  |