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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name

Phone

Account Number : 120150000115

: (786)536-6496

Fax Number

: (786)563-6497

AUG 15 2017

R. W.*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

COR AMND/RESTATE/CORRECT OR O/D RESIGN **CUGNIER CORPORATION**

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COYER LETTER

TO: Amendment Section Division of Corporations

For further informs	tion concerning this matter, please call:
	E-mail address: (to be used for future annual report notification)
ini	fo@martorelloffice.com
	City/ State and Zip Code
	Address HALLANDALE BEACH, FL 33009
	409 NW 10th TER, SUITE E-12
	Firm/ Company
	Name of Contact Person
	CUGNIER JUNIOR, LUIZ AUGUSTO
Please return all co	mespondence concerning this matter to the following:
The enclosed Artic	les of Amendment and fee are submitted for filing.
DOCUMENT NU	MBER: P12000016497
	T1466666146

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Articles of Amendment to Articles of Incorporation of

CUGNIER CORPORATION		•
(Name	of Corporation as curren	tly filed with the Florida Dept. of State)
P12000016497 ·		
<u> </u>	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
n/a		arr.
name must be distinguishable and con "Corp" "Inc.," or Co" or the design word "chartered," "professional associa	ration "Corp." "Inc." or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
3. Enter new principal office address, if applicable:		5463 NORTH STATE ROAD 7
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)	TAMARAC FL 33319
•		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		5463 NORTH STATE ROAD 7
		TAMARAC FL 33319
. ·		
D. If amending the registered agent an	d/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new		
Name of New Registered Agent	MARTORELL'S OFFICE	GROUP CORP
•	11046 WEST FLAGLER	ST
		(reet address)
New Registered Office Address:	MAMI	, Florida 33174
		(City) (Zip Code)
		(Ciry) (Zip Code)
Now Pasierayad Amentin Signatura 15 a	handa Denissand Accept	
New Registered Agent's Signature, if c Thereby accept the appointment as regist	ranging Registered Agen ered agent. I am familiar	it: with and accept the obligations of the position.
•	Montal	Jan Jan
	Signature of New	Registered Agent, if changing

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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	PI	John Doe	
X Remove	$\mathbf{\underline{V}}_{i}^{*}$	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
i) Change	· Р	CUGNIER CERTIFICADORA EIRELI	AV SETE DU SETEMBRO, 869 FAZENDA
X Add			1TAJA1, SC, 68. 301-203 BRASIL
Remove			
2) X Change	PSD	CUGNIER JUNIOR, LUIZ A	21011 JOHNSON STREET
Add			SUITE 110
Remove			PEMBROKE PINES FL 33029
3) X Change	VPTD	. GOZALEZ DIAZ, NHEIDYS G	21011 JOHNSON STREET
Add	•		SUITE 110
Remove			PEMBROKE PINES FL 33029
4) Change		- . 	
Add '			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

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L <u>Ifame</u> r (Attach	ading or adding additional A additional sheets, if necessary	rticles, enter change (b). (Be specific)	e(s) here:		
V/A		, , , , , ,			
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If an ar	mendment provides for an ex	chance reclassificat	Ham ay aaII		
provis	ions for implementing the ar	nendment if not conf	tained in the amen	idment itself:	
(ij	not applicable, indicate N/A)	-	·•	<u> </u>	
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the date of each amendment(s).					if other than i
Beclive date if applicable:	) ·			·. ·	
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lote: If the date inserted in this ocument's effective date on the I	block does not med cpartment of State	et the applicable stem	story filing requireme	ons, this due will	not be listed as
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The amendment(s) was/were ap must be separately provided to	proved by the share reach voting group	tiolders through votin	g groups. The fullow,	mg statement ends):	
The number of votes cast				i Alfaeti Li Alfaeti	
by	,			•	
	(voting gro	онр)			:.
The amendment(s) was were aid action was not required.  The antiquiment(s) was were action was not required.		;		. **-	
action was and required.					
07/06/2015 Oated	7.				
Signaturó		20	no See	·• .	
(By a d	ted flavoiery by the	H*:	il receiver, trustee, or	not beth other coart	•
		R THE ALTHURY		•	
	CLICINIER JUNIO				•
		or printed name of per			•
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