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Iorida Dëpartment of State Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : SICONT ENTERPRISES OF AMERICA INC

Account Number : I20160000041 Phone : (407)443-8973 Fax Number : (407)930-2626

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

Ema11	Address:	·
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COR AMND/RESTATE/CORRECT OR O/D RESIGN AGROEXPORT INTERNATIONAL, INC.

Certificate of Status	0
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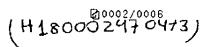
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(H180002920472)



COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: AGROEXPORT	INTERNATIONAL, INC
DOCUMENT NUMBER: P12000097048	
The enclosed Articles of Amendment and fee are st	ubmitted for filing.
Please return all correspondence concerning this ma	atter to the following:
DESIREE TORRES	
	Name of Contact Person
SICONT ENTERPRISES	OF AMERICA, INC
	Firm/ Company
13574 VILLAGE PARK DI	R STE K-250
	Address
ORLANDO, FL 32837	
	City/ State and Zip Code
SICONT@LIVE.COM	.,
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	se call:
DESIREE TORRES	at () 443-8973
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
\$35 Filing Fee \$\times \text{\$43.75 Filing Fee & Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 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 to Articles of Incorporation of

AGROEXPORT INTERNATIONAL, INC.		
· · · · · · · · · · · · · · · · · · ·	tly filed with the Florida Dept. of State	<u> </u>
P12000097048		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi it's Articles of Incorporation:	s Florida Profit Corporation adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation nam	
B. Enter new principal office address, if applicable:	1110 Brickell Ave. Suite 810	.==
(Principal office address MUST BE A STREET ADDRESS)	Miami, Fl 33131	
		20
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1110 Brickell Ave. Suite 810	PIL FIL
<u> </u>	Miami, FI 33131	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		# 20
Name of New Registered Agent		
(Florida s	street address)	
New Registered Office Address:	(City), Florida	(Zip Code)
	(Cily)	(My Cine)
Non-Brokening to the Control of the		
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian		osition.
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)

Example:

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, Salty 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.

X Change	PT	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
I) Change		_ 	
Add		-	
Remove		-	
2) Change			
Add		<u>-</u>	
Remove		_	
3) Change	-		
Add		_	
Remove		_	
4) Change	-		
Add		_	
Remove		-	
5) Change			
Add		_	· _
Remove		_	
6) Change			
Add			
Remove		_	

If amending or adding additional Arti (Allach additional sheets, if necessary).	(Be specific)
	
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself;
()	
	·
	
	

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		-
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	plock does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment of the sproval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	'ement
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareh	ol de r
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	r
Dated	/2018	
OZ/ a Socot	irce or, president or other officer — if directors or officers have not be an incorporator — if in the hands of a receiver, trustee, or other dited fiduciary by that fiduciary)	
	POLEO JORGE LUIS	
	(Typed or printed name of person signing)	
	D/T	
	(Title of person signing)	