Electronic Filing Cover

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000098757 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

fax Number : (850) 617-6380

From:

Email Address:

Account Name : BROWARD SOHO SERVICES INC.

Account Number: I20100000080 : (954)366-3850 Phone Fax Number : (954)960-5630

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. **

OR AMND/RESTATE/CORRECT OR O/D RESIGN DOMUS AMERICA INVESTMENT INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

COVER LETTER

| TO: | Amendment Section |
|-----|--------------------------|
| | Division of Corporations |

| NAME OF CORPOR | ATTION: DOMUS AL ER: P1300001388 | MERICA INVES 5 | TMENT INC |
|---------------------------|---|--|--|
| | f Amendment and fee are su | | |
| Please return all corresp | ondence concerning this ma | tter to the following: | |
| ! | BARRIOS, PIO F | : | |
| _ | | Name of Contact Person | <u> </u> |
| <u>1</u> | DOMUS AMERIC | CA INVESTMEN | TINC |
| | | Firm/ Company | |
| | 1799 N STATE F | | |
| - | | Address | |
| <u>_</u> | MARGATE, FL 3 | 3063 | |
| | • | City/ State and Zip Cod | c |
| TAX | RIGHT7@YAHC | OO.COM | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information | concerning this matter, pleas | se call: | |
| PIO F BARRI | os | _{at (} 954 | , 366-3850 |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | uriment of State: |
| S \$35 Filing Fee | ☐\$43.75 Filing Fee & 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) |
| Amen Divîsi P.O. I | ng Address dment Section on of Corporations 30x 6327 lassee, FL 32314 | Amond Division Clifton 2661 E | Address iment Section of Corporations Building xecutive Center Circle assee, FL 32301 |

Articles of Amendment to Articles of Incorporation

| of | • | |
|--|--|---------------|
| DOMUS AMERICA INVESTMENT INC | | |
| (Name of Corporation as currently filed with the Flo | orida Dept. of State) | |
| P13000013885 | <u>· </u> | |
| (Document Number of Corporation (if | known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation: | Torida Profit Corporation adopts the following amendment | cut(s) to |
| A. If amending name, enter the new name of the corporation: | | |
| | The new | |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "It B. Enter new principal office address, if applicable: | Co". A professional corporation name must contain the | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | |
| | | |
| • | | |
| C. Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| | | |
| D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address: | | |
| Name of New Registered Agent | | |
| | | |
| (Florida stre | et address) | |
| New Registered Office Address: | , Florida | |
| (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w | ith and accept the obligations of the position. | 9013 M |
| Signature of New Registered A | gent, if changing | . ≺ |
| | ్గో కేల్ల | <u>.</u> |

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 | Ā | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | Title | Name | Address |
| 1) X Change | VP | TEJEDA-PEREIRA, ERNESTO J | MONTE ROSA 240 #904 |
| Add | • | | LIMA PE 5112 |
| Remove | | | |
| 2) Change | · · · · | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| nch additional sheets, if necessary). | (Be specific) | |
|---------------------------------------|---|--|
| , | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | ······ | |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
| | | |
| | | |
| | | |
| provisions for implementing the ame | ange, reclassificand and control of the control of | ation, or cancellation of issued shares, atgined in the amendment itself: |
| (if not applicable, indicate N/A) | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| <u> </u> | | |
| | | |

| The date of each amendment(s) ac | loption: 02/20/2013 |
|---|--|
| Effective date if applicable: | 02/20/2013 02/20/20/3 |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were add by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval. |
| I The amendment(s) was/were app must be separately provided for | roved 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) |
| | (voting group) |
| action was not required. The amendment(s) was/were add action was not required. Dated 02/20/ Signature (By a d | pted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder action and shareholder opted by the incorporators without shareholder action and shareholder action and shareholder opted by the incorporator of officers or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court |
| | d, by anuncomponent – π in the names of a receiver, trustee, or other count definition for the fiduciary) |
| **** | PIO F BARRIOS |
| | (Typed or printed name of person signing) |
| • | PRESIDENT |
| | (Title of person signing) |