

To: Page 2 of 7

Division of Corporations

713000032290

2014-08-22 22:22:00 (GMT)

5041878@mail.com From: VLADIMIR BOJISSOV

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H14000198594 3)))



H140001985943ABC8

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:

Account Name : BEST PRO SERVICES INC
Account Number : I20140000363
Phone : (727) 504-1870
Fax Number : (727) 683-9500

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

Email Address: BEST.PRO@Live.com

RECEIVED

14 AUG 25 AM 7:45

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN
SHPINEL USA, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

8/22/2014

RECEIVED
TALLAHASSEE, FLORIDA

14 AUG 25 AM 9:33

713000032290

AUG 26 2014

C. CARROLL

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SHPINEL USA, INC.

DOCUMENT NUMBER: P13000032290

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ZUEV, SERGY

Name of Contact Person

SHPINEL USA, INC.

Firm/ Company

6113 EXCHANGE, SUITE A

Address

LAKEWOOD RANCH, FL, 34202

City/ State and Zip Code

BEST.PRO@LIVE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZUEV, SERGY

Name of Contact Person

at 941

907-8010

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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)

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

SHPINEL USA, INC.

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

P13000032290

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

6113 EXCHANGE, SUITE A
LAKEWOOD RANCH
FL, 34202

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

6113 EXCHANGE, SUITE A
LAKEWOOD RANCH
FL, 34202

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent ZUEV, SERGY
(Florida street address) 6113 EXCHANGE, SUITE A
New Registered Office Address: LAKEWOOD RANCH, Florida 34202
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position


Signature of New Registered Agent, if changing

FILED

14 AUG 25 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	VP	ZUEVA, SERGY V	FLAT 80 HOUSE 21 MICHURINSKI MOSCOW, RU 119192
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	VP	ZUEV, SERGY	23315 RED ROBIN PL BRADENTON FL 34202
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	P	ZUEVA, LIUBOV	FLAT 80 HOUSE 21 MICHURINSKI MOSCOW, RU 119192
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	P	ZUEVA, LIUBOV	23315 RED ROBIN PL BRADENTON FL 34202
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

This amendment has been executed to provide for a change in issue shares .

As a result of this amendment, the new allocation of shares is:

90% of Shares, that equal 9,000 shares belong to :ZUEVA, LIUBOV

10% of Shares, that equal 1,000 shares belong to :ZUEV, SERGY

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 08/22/2014

Signature _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ZUEV, SERGY

(Typed or printed name of person signing)

VP

(Title of person signing)