P13000052773

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FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section
Division of Corporations

Division of Corporations
NAME OF CORPORATION: B9 CORPORATION
DOCUMENT NUMBER: P13000052773
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RENAN M MESQUITA
Name of Contact Person
LARSON ACCOUNTING AND CONSULTING SERVICES
Firm/ Company
8615 COMMODITY CIR STE 06
Address
ORLANDO, FL 32819
City/ State and Zip Code
consulting@larsonacc.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOSE MARIO A. NETO at (305) 879-9975
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:

Mailing Address

■ \$35 Filing Fee

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

□\$43.75 Filing Fee &

Certificate of Status

Street Address

□\$43.75 Filing Fee &

Certified Copy (Additional copy is

enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of



B9 CORPORATION

14 NOV 10 AM 11:56

(Name of Corporation as currently filed with the Florida Dept. of State) P13000052773 (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: 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." 314 GRAND MAGNOLIA AVE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) CELEBRATION, FL 34747 UNITED STATES C. Enter new mailing address, if applicable: 314 GRAND MAGNOLIA AVE (Mailing address MAY BE A POST OFFICE BOX) CELEBRATION, FL 34747 UNITED STATES 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: LARSON ACCOUNTING AND CONSULTING SERVICES Name of New Registered Agent 8615 COMMODITY CIR STE 06 (Florida street address) ORLANDO New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agen(.) I am familiar with and accept the obligations of the position. 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)

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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	PT	A. NETO, JOSE MARIO	314 GRAND MAGNOLIA
Add			AVE CELEBRATION, FL
Remove			34747 U.S.
2) Change	SD	R.S. JR, WALTER NABU	CO 314 GRAND MAGNOLIA
Add			AVE CELEBRATION, FL
Remove			34747 U.S.
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			and the second s
Remove			

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If an amendment prov provisions for implen (if not applicable,	<u>nenting the amen</u>	ange, reclassifi idment if not c	cation, or cand	ellation of iss	ued shares, itself:	
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The date of each amendment(s) adoption:	SECRETARY OF STATE OIVISION OF CORPORATIONS	, if other than the
date this document was signed. Effective date if applicable:	14 NOV 10 AM 11: 56	
	(no more than 90 days after amendment file date)	······
Adoption of Amendment(s) (CHE	CK ONE)	
The amendment(s) was/were adopted by the sh by the shareholders was/were sufficient for ap	nareholders. The number of votes cast for the amendment(s) proval.	
The amendment(s) was/were approved by the s must be separately provided for each voting g	shareholders through voting groups. The following statement roup entitled to vote separately on the amendment(s):	
"The number of votes cast for the amend	ment(s) was/were sufficient for approval	
by	"	
(votin	g group)	
The amendment(s) was/were adopted by the be action was not required.	pard of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the in- action was not required.	corporators without shareholder action and shareholder	
Dated 10/20/2014 Signature) Havian	
(By a director, preside	ent or other officer - if directors or officers have not been porgtor - if in the hands of a receiver, trustee, or other court	_
JOSE MAR	RIO A. NETO	
	(Typed or printed name of person signing)	
PRESIDEN	NT / TREASURER	
	(Title of person signing)	_