## P130006935

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             |             |
| (Ad                     | dress)             |             |
| (Cit                    | y/State/Zip/Phone  | e #)        |
| PICK-UP                 | WAIT               | MAIL        |
| (Bu                     | isiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

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10/07/13--01046--008 \*\*35.00

SECRETARY OF STATES
TALL AMASSEE FLORIDA

OCT 16 2013

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

|   | ATION: JET SET (<br>ER: P1300006093         |  | CORP   |  |
|---|---|--|--|--|
|   | f Amendment and fee are su                  |  | <del></del>  |  |
| _   | ondence concerning this ma                  | _  |  |  |
|   | MARCO REIS                                  |  |  |  |
| , –                                       |   | Name of Contact Person   | <u>.                                    </u>   |  |
|   | USA TAX CORPORATION                         |  |  |  |
| _   | Firm/ Company                               |  |  |  |
|   | 591 E SAMPLE RD                             |  |  |  |
| _   | Address                                     |  |  |  |
|   | POMPANO BEACH, FL 33064                     |  |  |  |
| _   |   | City/ State and Zip Cod  | 2  |  |
|   | USAT  | AX@USATAXF   | L.COM  |  |
|   |   | sed for future annual report                                       |  |  |
| For further information                   | concerning this matter, pleas               | se call:   |  |  |
| MARCO REI                                 | S   | at (954  | , 7881818  |  |
| Name of                                   | Contact Person                              |  | de & Daytime Telephone Number  |  |
| Enclosed is a check for                   | the following amount made                   | payable to the Florida Depa  | artment 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) |  |
|   | ing Address                                 |  | Address  |  |
|   | ion of Corporations                         |  | Iment Section  |  |
| Division of Corporations<br>P.O. Box 6327 |   | Division of Corporations Clifton Building                          |  |  |
| Tallahassee, FL 32314                     |   |  | executive Center Circle  |  |

Tallahassee, FL 32301

## **Articles of Amendment Articles of Incorporation**

FILED OCT -7 AMII: 26

## JET SET CONSULTING CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P13000060935

(Document Number of Corporation (if known)

nent(s) to

| Pursuant to the provisions of section 607. its Articles of Incorporation:  | 1006, Florida Statutes, this I | Torida Profit Corporation adopts the following amendm  |
|--|--------------------------------|--|
| A. If amending name, enter the new na  | me of the corporation:         |  |
| "Corp.," "Inc.," or Co.," or the design  | ation "Corp," "Inc," or "C     | The ne " "company," or "incorporated" or the abbreviation " A professional corporation name must contain the |
| word "chartered," "professional association," or the abbreviation 'B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) |                                | 8601 SIXFORKS ROAD SUITE 400 OFFICE #418   |
|  |                                | RALEIGH, NC 27615  |
|  |                                |  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |                                | 8601 SIXFORKS ROAD SUITE 400 OFFICE #418   |
|  |                                | RALEIGH, NC 27615  |
| D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent  |                                |  |
|  | 8601 SIXFORKS ROAD             | SUITE 400 OFFICE #418  |
|  | (Florida stre                  | et address)  |
| New Registered Office Address:   | RALEIGH,                       |  |
|  | (City)                         | (Zip Code)   |
| New Registered Agent's Signature, if cl<br>I hereby accept the appointment as regist   |                                | ith and accept the obligations of the position.  |
| Sig  | gnature of New Registered A    | gent, 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                      | $\underline{\mathbf{v}}$ | Mike Jones       |                       |
| X Add                         | <u>sv</u>                | Sally Smith      |                       |
| Type of Action<br>(Check One) | <u>Title</u>             | Name             | Address               |
| 1) X Change                   | Р                        | JOSE A PEREIRA   | 8601 SIXFORKS ROAD    |
| Add                           |                          |                  | SUITE 400 OFFICE #418 |
| Remove                        |                          |                  | RALEIGH, NC 27615     |
| 2) X Change                   | VP                       | LILIAN T PEREIRA | 8601 SIXFORKS ROAD    |
| Add                           |                          |                  | SUITE 400 OFFICE #418 |
| Remove                        |                          |                  | RALEIGH, NC 27615     |
| 3) Change                     |                          |                  |                       |
| Add                           |                          |                  |                       |
| Remove                        |                          |                  |                       |
| 4) Change                     |                          |                  |                       |
| Add                           |                          |                  |                       |
| Remove                        |                          |                  |                       |
| 5) Change                     |                          |                  |                       |
| Add                           |                          |                  |                       |
| Remove                        |                          |                  |                       |
| 6) Change                     |                          |                  | ,                     |
| Add                           |                          |                  |                       |
| Remove                        |                          |                  |                       |

| stach additional sheets, if necessary).                                  | (Be specific)  |
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| an amendment provides for an exch  | hange, reclassification, or cancellation of issued shares, |
| rovisions for implementing the amer<br>(if not applicable, indicate N/A) | endment if not contained in the amendment itself:          |
| (ij not applicame, inaicate WA)  |  |
| ,,,,,,   |  |
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| The date of each amendment(s) adoption: 1002203  | , if other than the |
|--|---------------------|
| date this document was signed.   |                     |
| Effective date if applicable: (no more than 90 days after amendment file date)   | <del></del>         |
|  |                     |
| 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)  |                     |
| (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 OQ 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)   |                     |
| appointed fiductary by that fiductary)   |                     |
| Jose A Horein  |                     |
| (Typed or printed name of person signing)  | <del></del>         |
|  |                     |
| <u> </u>   | _                   |
| (Title of person signing)  |                     |