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R. WHILE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATI	ME OF CORPORATION: Schad North America Inc				
DOCUMENT NUMBER:	D1/0000/7553				
The enclosed Articles of A	mendment and fee are su	bmitted for filing.			
Please return all correspond	dence concerning this ma	tter to the following:			
	L	eonhard Becker			
	Name of Contact Person				
U.S. CET Corporation					
Firm/ Company					
2272 Airport RD S, Suite 210					
Address					
	Naples, FL 34112-4837				
	City/ State and Zip Code				
	leon	.becker@uscet.	com		
		sed for future annual report			
For further information con	cerning this matter, pleas	se call:			
Leonhard Becker		at (800	, 881-5739 Ext. 6		
Name of Contact Person		Area Co	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)		
Mailing Address		Street	Address		
Amendment Section			Iment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee, FL 32314			Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Schad North America Inc

14 JUN 26 11 2: 37

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

nt(s) to

P14000	047553	TATE HELDER STATE OF THE STATE OF THE
(Document Number of Corporation	ı (if known)	P
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	sis <i>Florida Profit Corpor</i>	ation adopts the following amendmer
A. If amending name, enter the new name of the corporation:		_
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	r "Co". A professional	
B. Enter new principal office address, if applicable:	2272 Airpo	rt RD S
(Principal office address MUST BE A STREET ADDRESS)	Suite 201	
	Naples, FL	34112
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2272 Airpoi	rt RD S
	Suite 201	
	Naples, FL	34112
D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office address		the name of the
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:		Florida
(Ci	ity)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia		ligations of the position.
Signature of New Registere	d 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.

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)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	VP	Sturrock Narside, Oliver	Main Road, Narborough	
Add			Norfolk, XX	
Remove			PE32 1TE, GB	
2) Change	VP	Sturrock Oliver	Narside,Main Road,	
Add			Narborough	
Remove			Norfolk PE32 1TE, GB	
3) Change			 	
Add				
Remove				
4) Change	7.			
Add				
Remove				
5) Change				
Add			****	
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
If an amandment answide for an arch	
provisions for implementing the amer	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption!	, if other than the
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 06/12/2014 BECKSO ENTERPRISE CORPORATION 1133 BROADWAY, SUITE 707 NEW YORK, NY 10010 (USA) www.beckso.com info@beckso.com Registration ID 4515299	
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)	-
Leonhard Becker	
(Typed or printed name of person signing)	-
Incorporator	
(Title of person signing)	-

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