# P140000047789

(Re	equestor's Name)			
(Ac	ddress)			
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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#### **COVER LETTER**

**Division of Corporations** orporation **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Address E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy

#### **Mailing Address**

TO: Amendment Section

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

is enclosed)

### Articles of Amendment to Articles of Incorporation of

SECRETARY OF STATE

SECRETARY OF STATE

NVISION OF CORPORATIONS

Amercanex Corporation

——————————————————————————————————————			_ 5 PM 4: 3'	9
(Name of Corporation as P14000047789	currently filed with the Florid	a Dept. of State) 14 U.S.	Ç. Ü	
(Documer	nt Number of Corporation (if known	wn)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Florida	da Profit Corporation add	opts the following	amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co".	A professional corporat	rated" or the abi	
B. Enter new principal office address, (Principal office address MUST BE A S	if applicable:			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST of				
D. If amending the registered agent an new registered agent and/or the new		• (	e of the	
Name of New Registered Agent	5301 North Federal Hwy			
New Registered Office Address:	(Florida street ad boca raton	•	33487	
	(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		nd 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 <math>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 Doc	
X Remove	v	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	John Audet	5030 CHAMPION BLVD G1
Add		·	Boca Raton Florida
Remove			33496
2) Change	D	Robert Ruiz	19165 E PARKER AM
Add		,	W Farker CO
Remove			80134
3) Change			
Add			
Remove			
4) Change			<del></del>
Add			
Remove			
5) Change		<del>-</del>	
Add			
Remove			
6) Change			
Add			
Remove			

(Anaon adamonai sneets, ij necessary).	If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)		
-			
	······································		
If an amendment provides for an exchaprovisions for implementing the amer (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:		
(ij noi appricable, matetale 1471)			

The date of each amendment(s	September 6th 2014	,	if other than the
date this document was signed.		F"ILL TARY	OF STATE
Effective date if applicable:	September 6th 2014	SECRETARY SECRETARY DIVISION OF CO	RPOKATION
Enecure date <u>Maypreasor</u> .	(no more than 90 days after amendment file date)	14 DEC -5	PM 4: 39
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amen e sufficient for approval.	dment(s)	
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment(		
"The number of votes of	east for the amendment(s) was/were sufficient for approval		
by	,	,	
,	(voting group)		
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder action a	reholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	older .	
	1/2014		
Dated	Stone france		
sele	a director, president or other officer – if directors or officers have no exted, by an incorporator – if in the hands of a receiver, trustee, or other officers by that fiduciary)		
	Steve Janjic		
	(Typed or printed name of person signing)		
	CEO		
	(Title of person signing)	<del> ,</del>	

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