(R	equestor's Name)			
(Address)				
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(C	ity/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
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OCT 02 2015

R. WHITE

COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PROQ	RESS CORD.
DOCUMENT NUMBER: 14000	50717
The enclosed Articles of Amendment and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
H 41 T	SIS ISABEL Name of Contact Person
	Firm/ Company
1860 N E	Pine Island Rd. Ste 109
Plantetton	, FI
	City/ State and Zip Code
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please c	all:
ISIS ISABEL	at (954) 600 580 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	able 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 Incorporation

15 SEP 28 FY 12: 32 orporation as currently filed with the Florida Dept, of State) TALLAHASSEE, FLORIDA (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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: Florida 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

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	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	JOSP G Zapata	1050 Brickell Avenue
Add Remove			Apt 204 MIAMI, FL 33131
2) Change Add	VP	HECTOR JOSE Millan C	41 SE STM ST APT 1012
Remove 3)ChangeAdd	P	Hector Jose Millan	MIAMI, FL 33131 C 1860 N PINE ISland R SUITE 109
Remove 4) Change Add			<u> </u>
Remove 5) Change Add			
Remove			
6) Change Add	 .		
Remove			

E. <u>If</u> (At	amending or adding additational sheets, if n	tional Articles, en ecessary). (Be sp	ter change(s) here pecific)	:		
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	K GMOVE.	Jose	ZOPOTO	·		
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F. <u>If</u>	nn amendment provides f	<u>or an exchange, re</u>	eclassification, or	cancellation of issu	ied shares,	
<u>pı</u>	<u>rovisions for implementin</u>	g the amendment	if not contained in	n the amendment i	tself:	
	(if not applicable, indica	ate N/A)				
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The date of each amendment(s) adoption: date this document was signed.	09-23-2015	, if other than the
Effective date if applicable:	09-23-2015	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of	ot meet the applicable statutory filing requirements, this State's records.	date will not be listed as the
Adoption of Amendment(s) (CHI	ECK ONE)	
The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for a	shareholders. The number of votes cast for the amendme pproval.	nt(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting a	e shareholders through voting groups. The following state group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amend	dment(s) was/were sufficient for approval	
by(voti	ing group)	
The amendment(s) was/were adopted by the b action was not required.	board of directors without shareholder action and shareho	older
The amendment(s) was/were adopted by the in action was not required.	ncorporators without shareholder action and shareholder	
4/ 1/1	183/2015	
Signature (Byra director, president selected, by an incortant appointed fiduciary)	dent or other officer – if directors or officers have not be rporator – if in the hands of a receiver, trustee, or other coby that fiduciary)	en ourt
/	HPCTOR MILLAN Typed or printed name of person signing)	
	(Title of person signing)	