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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: A&A STRATEG	Y ALLIANCE INC			
	BER: P1400061090				
The enclosed Articles	s of Amendment and fee are s	ubmitted for filing.			
Please return all corre	espondence concerning this ma	atter to the following:			
	MARIA F ASSUNCAO				
		Name of Contact Persor	1		
	A&A STRATEGY ALLIAN	NCE INC			
		Firm/ Company			
	13574 VILLAGE PARK DE	R STE 135			
		Address			
	ORLANDO, FL 32837				
		City/ State and Zip Code	<u> </u>		
SUS	TAXES@GMAIL.COM				
		sed for future annual report	notification)		
		·			
For further information	on concerning this matter, plea-	se call:			
MARIA F ASSUNCAO		at (363 7704		
Name	of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	rtment 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		Amendi Division	Address ment Section n of Corporations Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	of	
A&A STRATEGY ALLIANCE INC		
(Name of Corporation as cur	rently filed with the Florida Dept. of State)	
P14000061090		
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following	owing amendment(s) t
A. If amending name, enter the new name of the corporation	<u>ı:</u>	
N/A	_	200
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." word "chartered," "professional association," or the abbreviati	or "Co". A professional corporation name i	he abbreviation must contain the
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
		<u> </u>
C. Enter new mailing address, if applicable:	N/A	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		-
If amonding the maintained agent and/an unitered affice		
 If amending the registered agent and/or registered office and new registered agent and/or the new registered office add 		
Name of New Registered Agent Tintos +	-Nternational LLC lillage Park Dr Ste 1= u street address)	
1 20 700	11110 2001 25 51 1	
195 79 (Florid	a street address)	<u> </u>
New Registered Office Address: Utc.	(City) Florida_	(Zin Code)
		,
New Registered Agent's Signature, if changing Registered Ag	ent:	
herehy accept the appointment as registered agent. I am famili	iar with and accept the obligations of the positi	ion.
	V (1	
	, t t	

Signature of New Registered Agent, in 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: XChange	<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>	<u>Name</u>	<u>Addres</u> s		
1) Change	VP	MARIA F ASSUNCAO	13574 VILLAGE PARK DR		
Add			STE 135		
X Remove		·	ORLANDO, FL 32837		
2) Change					
Add					
Remove					
3) Change			<u> </u>		
Add			J. 2007		
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

(Attach additional sheets, if necessary). 'A	• • •			
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				<u></u>
	· · · · -			
If an amendment provides for an excha	inge reclassification	or cancellation of	icenad charae	
provisions for implementing the amen	dment if not contained	ed in the amendmen	nt itself:	
(if not applicable, indicate N/A)				
4				
			·	
		<u></u>		
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06/17/2016	if ashan shan sh
The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable:	-514%
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be fisted as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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.	
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)	
MARIA F ASSUNCAO	
(Typed or printed name of person signing)	
VP	
(Title of person signing)	