P14000095575

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
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JUN 3 2015
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: C2 INTERNATION	NAL PARTNERS INC.		
DOCUMENT NUM	P1/1000005575		A STATE OF THE STA	
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.		
Please return all corre	spondence concerning this mat	ter to the following:		
	Remko de Jong			
		Name of Contact Person	1	
	Muchnick, Golieb & Golieb,	P.C.		
	Firm/ Company			
	200 Park Avenue South, Suite	2 1700		
		Address		
	New York, NY 10003			
		City/ State and Zip Code	e	
rdeio	ng@mggpclaw.com			
		ed for future annual report	notification)	
For further information	on concerning this matter, pleas	e call:		
Remko de Jong		at (212	315-5575	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made p	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)	
Am Div P.O	endment Section ision of Corporations Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of

	C2 INTERNATIONAL PA	ARTNERS INC.		
(Name o	f Corporation as current	ly filed with the Florida Dept. of State)		
	P1400009	5575		
	(Document Number of	of Corporation (if known)		
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the following	ng amendm	ent(s) to
A. If amending name, enter the new na	me of the corporation:			
CANDY GROUP USA INC.			The nev	M!
	ation "Corp," "Inc," or	on," "company," or "incorporated" or the a "Co". A professional corporation name must "P.A."		n
B. Enter new principal office address, i	f applicable:	N/A		
(Principal office address MUST BE A ST			2	是 经第二
			2115 HAY 27	
			27	NET.
C. Enter new mailing address, if application (Mailing address MAY BE A POST C		N/A		
			AH 18: 142	34.67 24.78
				3843
D. If amending the registered agent and				
new registered agent and/or the new		<u>s:</u>		
Name of New Registered Agent	N/A		_	
	(Florida st	reet address)	_	
New Registered Office Address:	N/A	. Florida		
New Registered Office Madress.			Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe		t: with and accept the obligations of the position.		
	Signature of New 1	Registered Agent, if changing		
	DISTRIBLE OF THEIR I	Colore a rigerii, y 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 Do	<u>ee</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				-11172-1
3) Change				
Add				
Remove				
4) Change		_		Mar-
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	(Be specific)
/A	
	
	,
	-
If an amendment provides for an exch	nange reclassification or cancellation of issued shares
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
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provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

the date of each amendment(s) adoption: date this document was signed.	_, if other than the
Effective date if applicable:	
(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 will document's effective date on the Department of State's records.	not be listed as the
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.	
DatedSignature/	_
(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)	
Remko de Jong	
(Typed or printed name of person signing)	
Assistant-Secretary	
(Title of person signing)	