7/7/2020

Division of Corporations



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Division of Corporations Fax Number : (850)617-6380  From:  Account Name : EXCLUSIVE MANAGMENT SERVICES Account Number : 120200000095 Phone : (954)646-2358 Fax Number : (954)646-2358  Fax Number : (954)646-2358  Fax Number : only one email address please.**  Email Address:  COR AMND/RESTATE/CORRECT OR O/D RESIGN  STUDIO A PINC	To:	
From:  Account Name : EXCLUSIVE MANAGMENT SERVICES Account Number : 120200000095 Phone : (954)646-2358 Fax Number : (954)646-2358  **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.  Email Address:  COR AMND/RESTATE/CORRECT OR O/D RESIGN		·
Account Name : EXCLUSIVE MANAGMENT SERVICES Account Number : 1202000000095 Phone : (954)646-2358 Fax Number : (954)646-2358  **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.  Email Address:  COR AMND/RESTATE/CORRECT OR O/D RESIGN		. 22 Mailed. , (050)027 0280
Account Number: 120200000095 Phone : (954)646-2358 Fax Number : (954)646-2358  *Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**  Email Address:  COR AMND/RESTATE/CORRECT OR O/D RESIGN	From:	
Fax Number : (954)646-2358  *Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**  Email Address:  COR AMND/RESTATE/CORRECT OR O/D RESIGN		- 1111-1-1-1 11 1-11-11
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Email Address:  COR AMND/RESTATE/CORRECT OR O/D RESIGN		FBX MUHUEL: (904)040-2350
		COR AMND/RESTATE/CORRECT OR O/D RESIGN STUDIO A.P. INC  Certificate of Status  0
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Corporate Filing Menu

Help

## H200002136793

<b>\$</b>		COVER LETTER	<b>-9</b>
TO: Amendment Se Division of Cor			
NAME OF CORPO	PRATION: STUDIO A.P. INC		
	IBER: P14000098356		
The enclosed Article	s of Amendment and foe are su	ibmitted for filing.	
Please return all corr	espondence concerning this me	ittor to the following:	
	ALBA PAZ		
		Name of Contact Perso	n
	STUDIO A.P. INC.		
	12021 111 12111111111111111111111111111	Firm/ Company	
	18931 W. DIXIE HIGHWAY		
	MIAMI, FL 33180	Address	
		City/ State and Zip Coo	le
	estehan@oneforcewc.com	•	
	<del>-</del>	sed for future annual repor	t notification)
For further informati	on concerning this matter, pleas	se call:	
Esteban Adden		al (	451-7203
Namo	of Contact Person		ode & Daytime Telephone Number
Enclosed is a check t	or the following amount made	payable to the Florida Dep	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)
An Div P.C	nendment Section rision of Corporations  D. Box 6327  lahassee, FL 32314	Ameno Divisio The C 2415	Address Iment Section on of Corporations centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

H200002136793

## Articles of Amendment to 2.28 JUL - 3 Pii 2: 18 Articles of Incorporation of

STUDIO A.P. INC	
(Name of Corporation as	currently filed with the Florida Dept, of State)
P14000098356	
(Document N	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statuits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corpora	ation:
	The new
	ation," "company," or "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u>s</u> )
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
(F	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registere is hereby accept the appointment as registered agent. I am for	ed Agent: Camiliar with and accept the obligations of the position.
Signature o	of New Registered Agent, if changing
Chack if applicable	у

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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## HZ00002/36793

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:

T = 1. ... T3 = -

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:

A Change	<u>F1</u>	Tour noe	
X Romove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	BRIAN TORRES	18931 W. DIXIE HIGHWAY
Add			MIAMI, FL 33180
Remove  2) Change	p	ALBA PAZ	18931 W. DIXIE HIGHWAY
X Add			MIAMI, FL 33180
Removo Change			
Add			
Remove			<del></del> :
4) Change	•		<del></del>
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change	<del></del>		<del></del>
Add			
Remove			

	cessary). (Be specific)	ere: 4323 JUL -8 PH 2: 18
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an amendment provides for	r ad Cachange, reclassification,	or cancellation of issued shares.
<u>rovisions for implementing</u>	the amendment if not containe	or cancellation of issued shares, ed in the amendment itself;
an amendment provides for rovides for rovisions for implementing (if not applicable, indicate	the amendment if not containe	or cancellation of issued shares.  Id in the amendment itself:
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The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	2927.117	-8 Pii 2: 18
Effective date if applicable:		
	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing partment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors with	nout shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cas fficient for approval.	t for the amendment(s)
	toved by the shareholders through voting groups. Seach voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for appro	val
by		'n
	(voting group)	_
07/07/2020		
Dated	· · · · · · · · · · · · · · · · · · ·	
Signature	rector, president or other officer – if directors or off	Yana haya nat hasa
	l, by an incorporator – if in the hands of a receiver,	
	ed fiduciary by that fiduciary)	
	BRIAN TORRES	
•	(Typed or printed name of person signing	g)
	PRESIDENT	
ı	(Title of person signing)	<u> </u>