

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : JP GLOBAL BUSINESS

Account Number : 120130000083 Phone : (305)359-3700

Fax Number

: (786)217-1243

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

COR AMND/RESTATE/CORRECT OR O/D RESIGN AINC GLOBAL CORP

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C. GOLDEN

JUL 1 1 2018

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COVER LETTER

TO: Amendment Section Division of Corporations	(((HIBOCC1995353)))			
NAME OF CORPORATION: AINC GLOBAL	CORP			
DOCUMENT NUMBER: P15000016774	And the second s			
The enclosed Articles of Amendment and fee are s	ubmitted for filing.			
Please return all correspondence concerning this m	atter to the following:			
SONIA BOTERO				
	Name of Contact Person			
JP GLOBAL BUSINESS	SOLUTIONS INC			
Firm/ Company				
1395 BRICKELL AVE SU	UTE 1380			
	Address			
MIAMI FL 33131	·			
	City/ State and Zip Code			
MASTER@JPGBUSINESS.CC	DM .			
	used for future annual report notification)			
For further information concerning this matter, plea	ase call:			
ALEX NAKANISHI	at (305) 359-3700			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made				
	p-y-solo to the contact Department of State.			
■ \$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) (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 Tailahassee, FL 32301			

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Articles of Amendment

FILED

Articles of Incorporation (((416000199 7075 JUL 340 AM 10: 36

(Name of C	SECRETARY OF STA
P15000016774	pration as currently filed with the Florida Dept. of State LLAHASSEE. FLUR
(Do	ocument Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Floits Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	e corporation:
ame must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Co- ord "chartered," "professional association," or t	The new word "corporation," "company," or "incorporated" or the abbreviation orp." "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A."
B. Enter new principal office address, if applica Principal office address MUST BE A STREET A	ble: DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	B <i>OX</i>)
If amending the registered agent and/or registered	torad office and the second of the second office and the second of the s
If amending the registered agent and/or regist new registered agent and/or the new registered	tered office address in Florida, enter the name of the
Man Car B	u office address:
Man CM P	tered office address in Florida, enter the name of the address:
Man CM P	u office address:
Name of New Registered Agent	u office address:
Man Car B	(Florida street address)
Name of New Registered Agent	u office address:
Name of New Registered Agent	(Florida street address) (City) Florida
Name of New Registered Agent New Registered Office Address:	(Florida street address) (City) (Zip Code)
Name of New Registered Agent New Registered Office Address:	(Florida street address) , Florida (City) (Zip Code)
Name of New Registered Agent New Registered Office Address:	(Florida street address) (City) (City) (City) (City) (City)
Name of New Registered Agent New Registered Office Address:	(Florida street address) (City) (City) (Zip Code)
Name of New Registered Agent New Registered Office Address:	(Florida street address) , Florida (City) (Zip Code)
Name of New Registered Agent New Registered Office Address: Registered Agent's Signature, if changing Registered agent.	(Florida street address) (City) Florida (City) (Zip Code) pistered Agent: I am familiar with and accept the obligations of the position.
Name of New Registered Agent New Registered Office Address: Registered Agent's Signature, if changing Registered agent.	(Florida street address) (City) (City) (City) (City)
Name of New Registered Agent New Registered Office Address: Registered Agent's Signature, if changing Registered agent.	(Florida street address) (City) Florida (City) (Zip Code) pistered Agent: I am familiar with and accept the obligations of the position.

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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 us Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
X Change	VP	ALEX NAKANISHI	7401 WILES ROAD STE 228	
Add			CORAL SPRINGS FL 33067	
Remove				
X 2) Change	τ	IGOR PINHEIRO	7401 WILES ROAD STE 228	
Add			CORAL SPRINGS FL 33067	
Remove	P	RODRIGO TRVISAN	7401 WILES ROAD STE 228	
3) Change		RODRIGO TRAIDAR	CORAL SPRINGS FL 33067	
X Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove		·		
O Change				
6) Change				
Add				
Remove				

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(((HIEODIA4235))) E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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		" HIBOO 199535" 3
	07-06-2018	
The date of each amendment(s) ad date this document was signed.	option:	if other than the
•	8-2018	
Effective date if applicable:		
	(no more	than 90 days after amendment file date)
Note: If the date inserted in this blidocument's effective date on the Dep	ock does not meet the sartment of State's reco	e applicable statutory filing requirements, this date will not be listed as the ords.
Adoption of Amendment(s)	(CHECK ONE	
The amendment(s) was/were adop by the shareholders was/were suff	ited by the shareholder ficient for approval.	rs. The number of votes cast for the amendment(s)
The amendment(s) was/were appn must be separately provided for e	oved by the shareholde ach voling group entit	ers through voting groups. The following statement tled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) w	ras/were sufficient for approval
by		-
-	(voting group)	
The amendment(s) was/were adop action was not required.	ted by the board of dir	rectors without shareholder action and shareholder
The amendment(s) was/were adop action was not required.	ted by the incorporator	rs without shareholder action and shareholder
07/06/2018 Dated	<u>-</u>	
Signature	for linhoiro tuiles 6	
selected,	ector, president or othe by an incorporator – if I fiduciary by that fidu	er officer - if directors or officers have not been f in the hands of a receiver, trustee, or other court sciary)
	OR PINHEIRO	
	(Typed or pri	inted name of person signing)
D	IR	
	(Title of person signing)

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