## P15000019565

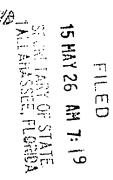
(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MULTICORP SERV	ICES INC
P15000019565	
The enclosed Articles of Amendment and fee are subm	itted for filing.
Please return all correspondence concerning this matter	to the following:
JAIME A PEREZ	
(	Name of Contact Person)
MULTICORP SERVICES INC	•
	(Firm/Company)
1016 NE 17 AVE SUITE 5	
3. Ny	(Address)
FORT LAUDERDALE FL 33304	
(0	City/ State and Zip Code)
YAMA2101@HOTMAIL.COM	
E-mail address: (to be used f	or future annual report notification)
For further information concerning this matter, please ca	all:
JAIME A PEREZ	786-200-6720
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made pays	able to the Florida Department of State:
\$35 Filing Fee Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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

MOLTICORP SERVICES INC					
(Name of Corporation	n as curren	tly filed with the Florida De	pt. of State)		
P15000019565					
(Docu	ment Numb	er of Corporation (if known)	<u></u>		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statute	s, this <i>Florida Not For Profit</i>	Corporation adopts the following		
A. If amending name, enter the new name of th	e corporat	on:			
name must be distinguishable and contain the wor "Company" or "Co." may not be used in the nam		ion" or "incorporated" or th	The new e abbreviation "Corp." or "Inc."		
R. Enter new principal office address if applied	n h fa:	1016 NE 17AVE SUITE 5			
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		FORT LAUDERDALE, FL	33304		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i> )	1016 NE 17 AVE SUITE 5			
		FORT LAUDERDALE, FL	33304		
D. If amending the registered agent and/or reginew registered agent and/or the new register			he name of the		
Name of New Registered Agent:	RICARDO O CABEZAS				
	1016 NE	17 AVE SUITE 5	115		
New Registered Office Address		(Florida stre			
9	FORTH	AUDERDALE (City)	, Florida 33304 (Zip Code)		
New Registered Agent's Signature, if changing Is I hereby accept the appointment as registered agen	nt. I am far	Agent: niliar with and accept the obli	gations of the position.		
		gnature of New Pregistered Ag	ent. if changing A SCORD AND AND AND AND AND AND AND AND AND AN		

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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	·
Type of Action (Check One)	' <u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) X Change	PRES	JAIME A PEREZ	1016 NE 17 AVE SUITE 5
د بر المحافظ ا 			FORT LAUDERDALES, FL 33304
Remove			
2) X Change	VP	MARIA M PEREZ	1016 NE 17 AVE SUITE 5
Add			FORT LAUDERDALE, FL 33304
Remove			
3 ) Change		_	
Add			
Remove	•		
4) Change			
Add			т 
Remove			
5) Change			1
Add			<u> </u>
Remove			
6) Change			
Add			
Remove			

amending or adding ad tach additional sheets, if	necessary). (	ne specific)					
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	APRIL 27, 2015	
The date of each amendn date this document was sig	nent(s) adoption:	, if other than the
Effective date if applicab	INMEDIATELY	
<del></del>	(no more than 90 days after amendment file date)	
	in this block does not meet the applicable statutory filing requirements, this date won the Department of State's records.	vill not be listed as the
Adoption of Amendment	(s) ( <u>CHECK ONE</u> )	
The amendment(s) was was/were.sufficient for	as/were adopted by the members and the number of votes cast for the amendment( or approval.	s)
There are no members adopted by the board	s or members entitled to vote on the amendment(s). The amendment(s) was/were of directors.	٠
Dated	PRIL 27, 2015	
Signature		
ha	the chairman or vice chairman of the board, president or other officer-if directors ve not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)	•
115	JAIME A PEREZ	r ty
	(Typed or printed name of person signing)  PRESIDENT	
0.13	(Title of person signing)	

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