

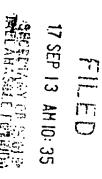
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL   
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	l l

Office Use Only



200303157232

09/13/17--01010--017 \*\*35.00



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: US COMBAT	RAINING CENTER CORP
DOCUMENT NUMBER: P15000029720	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	natter to the following:
GILVAM F DOS SANTO	S S
GFS TAX & ACCOUNT	Name of Contact Person NG SERVICES
	Firm/ Company
2001 W CYPRESS CREE	K RD STE 102B
FT ŁAUDERDALE FL 33	Address 309
	City/ State and Zip Code
GIL@GFSTAXACCT.COM	
E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
GILVAM DOS SANTOS	at (954 9408322
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	  e payable to the Florida Department of State: 
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is Certified Copy 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 Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

FILED 17 SEP 13 AM 10: 35 BELAHASSEE PERIOR

US COMBAT TRAINING CENTER CORP	s equize
(Name of Corp	oration as currently filed with the Florida Dept. of State)
P15000029720	
(D)	ocument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006. Fits Articles of Incorporation:	lorida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to
A. If amending name, enter the new name of t	he corporation:
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "word "chartered," "professional association," o	The new word "corporation," "company," or "incorporated" or the abbreviation Corp," "Inc," or "Co". A professional corporation name must contain the rthe abbreviation "P.A."
B. Enter new principal office address, if appli	çable:
(Principal office address <u>MUST BE A STREET</u>	<u>(ADDRESS</u> )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>E BOX</u> )
D. If amending the registered agent and/or re	gistered office address in Florida, enter the name of the
new registered agent and/or the new regist	
Name of New Registered Agent	
<u>- 1</u>	(Florida street address)
2001 W	 V CYPRESS CREEK RD STE 102 B 33309
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing	Registered Agent:
	ent. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if 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.

Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>SV</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Nar</u>	<u>ne</u> 	Address
1) Change	VP	TH	EODORO G ALMEIDA	RUA JOAO BALBI 1245 AP 1702
Add				BELEM DO PARA PA 66060-565
X Remove				BRAZIL
2) Change				
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				<u>-</u>
Add				
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles.	enter change(s) here:
	e specific)
N/A	
-	
	<u>                                     </u>
	<u>                                     </u>
F. If an amendment provides for an exchange	reclassification, or cancellation of issued shares,
provisions for implementing the amendm	ent if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
, , , , , , , , , , , , , , , , , , ,	
- I have been seen as a seen a	
	<u>                                     </u>
·	
	<u> </u>

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 document's effective date on the Department of	not meet the applicable statutory filing requirements, this date will not be listed as the fister's records.
Adoption of Amendment(s) (C	HECK ONE)
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) r approval.
	he shareholders through voting groups. The following statement is group entitled to vote separately on the amendment(s):
"The number of votes cast for the am	
by	oling group)
☐ The amendment(s) was/were adopted by th action was not required.	e board of directors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the action was not required.	e incorporators without shareholder action and shareholder
SEPTEMBER 01, 20 Dated	17
Signature	
(By a director, pre	esident or other officer – if directors or officers have not been corporator – if in the hands of a receiver, trustee, or other court
	ry by that fiduciary)
GILVAM	F DOS SANTOS
<del></del>	(Typed or printed name of person signing)
INCORP	OR TOR
	(Title of person signing)