

P15000035869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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08/08/16--01037--014 **25.00

09/12/16--01042--002 **10.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2016 SEP - 6 AM 9:21

SEP 14 2016

C LEWIS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2016

DISCHINO & SCHAMY PLLC
4770 BISCAYNE BLVD SUITE 1280
MIAMI, FL 33137 US

SUBJECT: SOCAPRI HOLDINGS USA, INC.
Ref. Number: P15000035869

We have received your document for SOCAPRI HOLDINGS USA, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 316A00017507

RECEIVED
16 SEP -8 PM 9:27
DIVISION OF STATE
IN OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOCAPRI HOLDINGS USA, INC.

DOCUMENT NUMBER: P15000035869

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER A. DISCHINO

Name of Contact Person

DISCHINO & SCHAMY, PLLC

Firm/ Company

4770 BISCAYNE BLVD., SUITE 1280

Address

MIAMI, FL 33137

City/ State and Zip Code

CHRISTOPHER@DSMIAMI.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER DISCHINO

Name of Contact Person

at (786)

581-2542

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

2016 SEP -6 AM 9:21

SOCAPRI HOLDINGS USA, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P15000035869

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

4770 BISCAYNE BLVD., SUITE 1280

MIAMI, FLORIDA 33137

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

4770 BISCAYNE BLVD., SUITE 1280

MIAMI, FLORIDA 33137

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent DISCHINO & SCHAMY, PLLC

4770 BISCAYNE BLVD., SUITE 1280

(Florida street address)

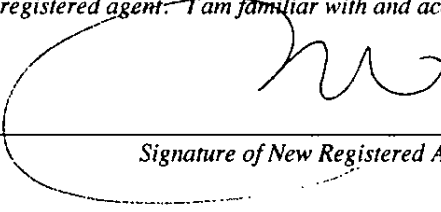
New Registered Office Address: MIAMI, Florida 33137

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Effective date if applicable: _____
(no more than 90 days after amendment file date) 2016 SEP -6 AM 9:21

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

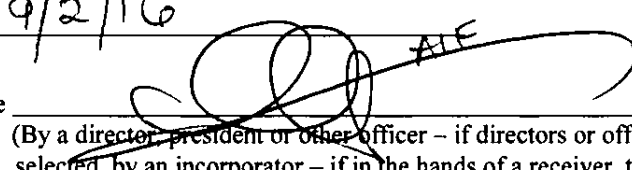
☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated

9/2/16

Signature



(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)

CHRISTOPHER DISCHIND

(Typed or printed name of person signing)

ATTORNEY - IN - FACT

(Title of person signing)