Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : JP GLOBAL BUSINESS

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Fax Number

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

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(((H 17000165386 3)))

Electronic Filing Menu

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COVER LETTER

(((417000165386 3)))

TO: Amendment Section Division of Corporations NAME OF CORPORATION: DISCOVERY PILOT SHOP, CORP DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SONIA BOTERO Name of Contact Person JP GLOBAL BUSINESS SOLUTIONS INC Firm/ Company 1395 BRICKELL AVENUE, STE 1380 Address MIAMI, FL 33131 City/ State and Zip Code MASTER@JPGBUSINESS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SONIA BOTERO Name of Contact Person 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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

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

is enclosed)

(((H 1700) 1653E6 3))

17 JUN 21 AM 9: 32 ((6月月0001653863))) Articles of Amendment to Articles of Incorporation (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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: JP GLOBAL BUSINESS SOLUTIONS INC Name of New Registered Agent 1395 BRICKELL AVENUE, STE 1380 (Florida street address) Florida 33131 MIAMI New Registered Office Address: (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent digations of the position. I hereby accept the appointment as registered agent. You fam. Signature of New Registered Agent, if changing

Page 1 of 4

(((H1700165386 3)))

(((H17000165386 3)))

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 = Chairmon 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.

X Change	PI	John Doe	
X Remove	Ā	Mike Jones	
_X Add	<u>SY</u>	Sally Smith	
Type of Action (Check One)	Litte	<u>Name</u>	Address
I) X Change	P	JAIMES, MARIA B	902 SW 34 ST
Add			FT. LAUDERDALE, FL 33315
Remove			
2) Change			
Add			
Remove			
3)Change		page 18 to the format of the state of the st	
Add			
Remove			
4) Change			
Add			
Remove			
_ 			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

06/21/2017 12:06 PM PDT

TO:18506176380 FROM:7862171243

Page:

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L. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		•
(De specylo)		
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		_
		<u>-</u> -
		_
		~
If an amendment provides for an exchange, reclassification, or cancer	ellation of issued shares,	
provisions for implementing the amendment if not contained in the (if not applicable, indicate N/A)	amendment itself:	
		-
		-
		_
		-

06/21/2017 12:06 PM PDT

TO:18506176380 FROM:7862171243 ((CHI+UC) 5563))

The date of each amendment(s) a late this document was signed.	doption:	, if other than the
•	01-2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this locument's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.	•
The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	91
	for the amendment(s) was/were sufficient for approval	
by	17	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
06/21/201 Dated Signature	11111	
(By a c	irector, president or other officer - if directors or officers have not been	
selecte	d, by arr incorporator - if in the hands of a receiver, trustee, or other court	
appoir	ted fiduciary by that fiduciary)	
	MARIA B. JAIMES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	The same of the sa

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