P15000059206

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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: SKYPIX LIGHT	Γ, INC.			
DOCUMENT N	UMBER: P15000059206				
	icles of Amendment and fee are	submitted for filing.			
Please return all	correspondence concerning this i	matter to the following:			
	TATIANE BERTON				
	Name of Contact Person				
	ASSELFIS INTERNATIONAL LLC				
		Firm/ Company			
	7901 KINGPOINTE PKW	Y SUITE 10			
	Address				
	ORLANDO FLORIDA 32	2819			
		City/ State and Zip Cod	le		
	fatiane@asselfis.com				
-	E-mail address: (to be	used for future annual report	notification)		
For further inform	nation concerning this matter. pl	ease call:			
TATIANE BER	ION	at (⁴⁰⁷	826 1034		
N	ame of Contact Person		ode & Daytime Telephone Number		
Enclosed is a che	eck for the following amount mad	de payable to the Florida Dep	artment of State:		
S35 Filing Fo	ee \$\Bigcup \\$43.75 \text{Filing Fee & Certificate of Status}	-	□\$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

FILED

SKYPIX LIGHT, INC. (Name of Corporation as currently filed with the Florida Dept P15000059206 (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: 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: Name of New Registered Agent (Florida street address) , Florida New Registered Office Address: (City) 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

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
I) X Change	P	ASSIS, EDUARDO	RUA DAS AROEIRAS 179
Add			SAO PAULO, SP 04344-090 BR
Remove			
2) Change	P	OLIVEIRA ASSIS ADMIN. BENS I	AVENIDA GENERAL WALDOM
Add	`		SAO PAULO, SP 04344070 BR
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		· —	
Remove			 :

(Attac	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)	
		<u></u>
		···
prov	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)	
<u>-</u> .		

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	l not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
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.	
JANUARY 10TH 2019 Dated	
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)	
CELSO MORAES	
(Typed or printed name of person signing)	
REPRESENTATIVE	

(Title of person signing)