

Oct. 13. 2015 11:23AM

Division of Corporations

No. 8007 P. 1

P15000033641

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : AT PLUS CORP  
Account Number : I20140000060  
Phone : (305)406-3800  
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
WEST MEDITERRANEAN GROUP CORP**

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Oct. 13. 2015 11:23AM

No. 8007 P. 2

Articles of Amendment  
to  
Articles of Incorporation  
of

WEST MEDITERRANEAN GROUP CORP

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

P15000083641

(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:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(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

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:

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>D</u>	<u>FABIO L. ANTONUCCI</u>	<u>650 NW 27TH AVE</u>
<input type="checkbox"/> Add			<u>FT. LAUDERDALE, FL 33311</u>
<input type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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U.S. 11

1. Name	2. Address	3. City	4. State	5. Zip
6. Phone	7. E-mail	8. Fax	9. Mobile	10. Pager
11. Birthdate	12. Gender	13. Marital Status	14. Religion	15. Education
16. Occupation	17. Income	18. Assets	19. Liabilities	20. Net Worth
21. Social Security	22. Driver's License	23. Passport	24. Military Service	25. Other
26. Signature	27. Date	28. Initials	29. Stamp	30. Seal
31. Fingerprint	32. Retina Scan	33. Voice Print	34. Facial Scan	35. Hand Scan
36. DNA Sample	37. Blood Sample	38. Hair Sample	39. Skin Sample	40. Bone Sample
41. Teeth Sample	42. Nails Sample	43. Sweat Sample	44. Saliva Sample	45. Urine Sample
46. Stool Sample	47. Hair Sample	48. Skin Sample	49. Bone Sample	50. Teeth Sample
51. Nails Sample	52. Sweat Sample	53. Saliva Sample	54. Urine Sample	55. Stool Sample
56. Hair Sample	57. Skin Sample	58. Bone Sample	59. Teeth Sample	60. Nails Sample
61. Sweat Sample	62. Saliva Sample	63. Urine Sample	64. Stool Sample	65. Hair Sample
66. Skin Sample	67. Bone Sample	68. Teeth Sample	69. Nails Sample	70. Sweat Sample
71. Saliva Sample	72. Urine Sample	73. Stool Sample	74. Hair Sample	75. Skin Sample
76. Bone Sample	77. Teeth Sample	78. Nails Sample	79. Sweat Sample	80. Saliva Sample
81. Urine Sample	82. Stool Sample	83. Hair Sample	84. Skin Sample	85. Bone Sample
86. Teeth Sample	87. Nails Sample	88. Sweat Sample	89. Saliva Sample	90. Urine Sample
91. Stool Sample	92. Hair Sample	93. Skin Sample	94. Bone Sample	95. Teeth Sample
96. Nails Sample	97. Sweat Sample	98. Saliva Sample	99. Urine Sample	100. Stool Sample

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

Effective date if applicable: \_\_\_\_\_  
(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 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 10/13/2015 \_\_\_\_\_

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)

AMADEO M. ANTONUCCI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)