## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H160000755273)))



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From:

Ana M. Sanz : AVILA RODRIGUEZ HERNANDEZ MENA & FERRI LLP Account Name

Account Number : 120070000136 Phone (786) 594-4102 : (786) 664-3375 Fax Number

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN VIRUS USA INC.

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2016-03-25 18:47:48 (GMT)

ARHMF, LLP From: ARHMF, LLP

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

FAX ADUTI NO. H16000075527. 3

16 MAR 25 AM 9: 35

|  | Amendment  |   |  |
|--|--|---|--|
| to Articles of In  |  |   |  |
|  | ıt _   |   |  |
|  | SAINC.   |   |  |
| (Name of Cornoration as curren   | the filed with the Florida Dent. of State)       | :                                       |  |
| P160000  | 000375   |   |  |
| (Document Number   | of Corporation (if known)                        |   |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this<br>its Articles of Incorporation:   | s Florida Profit Corporation adopts the followin | g amondmo                               |  |
| A. If amending name, enter the new name of the corporation:  |  |   |  |
| •  |  | The naw                                 |  |
| name must be distinguishable and contain the word "corporati<br>"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or<br>word "chartered," "professional association," or the abbreviation  | "Co". A professional corporation name must       | bbreviation<br>contain the              |  |
| B. Enter new principal office address, if applicable;  | 2 South Biacayne Blvd,                           |   |  |
| (Principal office address MUST BE A STREET ADDRESS)  | Sulte 32.55                                      |   |  |
|  | Miami, FL 33131                                  |   |  |
| C. Enter now mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)  | 2 South Biscayne Blvd,                           |   |  |
|  | Suite 3255                                       |   |  |
| -  | Miami, PL 33131                                  | ··· • • • • • • • • • • • • • • • • • • |  |
|  |  |   |  |
| D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office addresses.  | dress in Florida, enter the name of the          |   |  |
| Vi ., .  | , , , , , , , , , , , , , , , , , , ,            | en, minger                              |  |
|  |  | - ,                                     |  |
| A. af pariguithm some control of the | and ordered                                      |   |  |
| (FIOFICE S   | treet address)                                   | · 1                                     |  |
| New Registered Office Address:   | (Cio), Florida                                   | <u> </u>                                |  |
| reget of the control of  | (C10) (240)                                      | Code)                                   |  |
| St. Roder, may propose an entire   |  |   |  |
| Now Registered Agent's Signature, if changing Registered Agen  | at:  |   |  |
| hereby accept the appointment as registered agent. I am familiar   | with and accept the obligations of the position. | ٠.                                      |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
| Madage with Signature of New   | Registered Agent, if changing                    | <del>-</del> ,                          |  |
| Signature of New   | Registered Agent, if changing                    | <del>-</del> ,                          |  |
| Signature of New   | Registered Agent, if changing                    | <del>-</del> ,                          |  |
| Signature of New   | Registered Agent, if changing                    | <del>-</del> ,                          |  |

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principal territoria

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| address of each Of (Attach additional s Please note the offic P - President; V- Executive Officer; C heid. President, Tre Changes should be a change, Mike Jon Mike Jones, V as Re Example; | Reor and/or I heaus, if neces cer/director til Vice Presiden GFO - Chief asurer, Direct noted in the fi es leaves the t umovo, and Sa | Director being added: sary) ils by the first letter of the office title: it: T= Treasurer: S= Secretary: D= Direc Financial Officer. If an afficer/director h tor would be PTD. ollowing manner. Currently John Doe is li corporation, Sally Smith is named the V ar ity Smith, SV as an Add. | ach officer/director being removed and title, name, officer/director being removed and title, name, officer; TR = Trustee; C = Chairman or Clerk; CEO = Chairman or Clerk; | hle/<br>Nce |
|---|---|---|---|-------------|
| X Change  | er<br>  | John Doe  |   |             |
| X Remove  | Y   | Mike Jones  |   | ·           |
| X Yqq   | . <u>SV</u> .   | Sally Smith   |   | ٠.          |
| Type of Action<br>(Check One)   | <u>Title</u>  | Namo  | Address   |             |
| l) Change   | T   | Gluseppe Quaglia  | 2 South Biscayne Blvd.  | •           |
| Add   |   |   | Sulte 3255  |             |
| X Remove  |   |   | Mlami, FL 33131   |             |
| 2) Change   | D, P, 8   | Giuseppe Quaglia  | 2 South Biseayne Blvd.  | trus.       |
| X Add   |   |   | Suite 3255 Suite State (Server CEV) (Server CEV)  | hier        |
| Remove  |   |   | Mlami, FL 33131   | }t;•••      |
| 3)Change  | Т   | Elisa Murtes  | 2 South Biscayne Blvd.  |             |
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| Remove  |   |   | Miami, FL 33131   | , .         |
|   |   |   |   | •           |
| 4) Chango   | *   | *   |   |             |
| Add   |   |   | 9   |             |
| Remove  |   |   |   |             |
| e distribution  |   |   |   |             |
| 5) Change   |   |   |   |             |
| Add .   | •   |   |   |             |
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| 6) Change   |   |   |   |             |
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| If an amendment provides for an exchange, reclassification, or cancellation of issued shares.  | •                                      |
| provisions for implementing the amendment if not contained in the amendment itself.  (if not applicable, indicate N/A)   |  |
| (V not approvate, material term)   | , :.!.                                 |
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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## 16 MAR 25 AM 9: 35

| •       | The date of each amendment(s) adoption:   | , if other than t    |
|---------|---|----------------------|
|         | Essective dats <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 filling requirements, this date will document's effective date on the Department of State's records.  | I not be listed as t |
| .,      | 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 amondment(s) was/were sufficient for approval   |                      |
|         | by  |                      |
|         | (voting group)  | • • •                |
| •.<br>• | 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.   | county than s        |
|         | March 24, 2016  Dated   |                      |
| ;       | Signature Gulffly III   | 5 (50 108)           |
| •       | (By a director, president or other follows if directors or officers have not been selected, by an incorporator if in the hands of a receiver, trustee, or other court appointed figurelary by that fiduciary)   | <del>-</del>         |
| .;      | The innersum of the second of | •                    |
| •       | (Typed or printed name of person signing)   | <del></del>          |
| j.      | Director, President and Secretary   |                      |
| •       |   |                      |
|         | (Title of person signing)   |                      |
|         |   |                      |
| *,      |   |                      |

💆 the amended representation is