## P/6000004332

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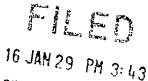
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ADICE CORPORA	ATION	
DOCUMENT NUMB	P16000004333		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
·	RUBEN D. TORO		
-		Name of Contact Person	1
!	RUBEN TORO PA		
•		Firm/ Company	
	7901 KINGSPOINTE PKWY	Y STE. 31	
-		Address	
1	ORLANDO FL 32819		
-		City/ State and Zip Cod	e
rubenc	epa@bellsouth.net		
	<u> </u>	sed for future annual report	notification)
	·		,
For further information	concerning this matter, pleas	se call:	
RUBEN D. TORO		407	270 (445
		at (	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment 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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



ADICE CORPORATION (Name of Corporation as currently filed with the Florida P16000004332 (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: MARIA D. TECHERA Name of New Registered Agent 966 E. MICHIGAN ST. B (Florida street address) **ORLANDO** 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 D	<u>oc</u>	
X Remove	<u>v</u>	Mike J	ones	
X Add	<u>sv</u>	Sally S	mith_	•
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	DST		MARIA D. TECHERA	966 E. MICHIGAN ST. B
X Add				ORLANDO FL 32806
Remove				
2) Change	DST		MARIA DEL SOCORRO TECHER/	966 E. MICHIGAN ST. B
Add				ORLANDO FL 32806
X Remove				
3 ) Change				
Add		•		<del></del>
Remove		•	•	<u> </u>
4) Change	·	, 		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add		_	N	
Remove				
1201110 40				

If amending or adding additional As Attach additional sheets, if necessary,	). (Be specific)			•	
	•		<del></del>		
			** ***		
		<u> </u>			
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		<u>-</u>		•	
f an amendment provides for an ex-	ahanga raalassifis	ention or conselle	ation of issued s	hawaa	
provisions for implementing the an (if not applicable, indicate N/A)	nendment if not co	ntained in the ar	nendment itself:		
M					
					•
	•				
					<u> </u>
·					

•	01/22/16
The date of each amendment(s) add	ption:, if other than th
date 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 blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
	or the amendment(s) was/were sufficient for approval
by	(voting group)
•	(voting group)
action was not required.	ted by the board of directors without shareholder action and shareholder  ted by the incorporators without shareholder action and shareholder
01/22/16	
Dated	
Signature	a harthy
Signature	ector, prosident or other officer – if directors or officers have not been
(Dy a un	by an incorporator — if in the hands of a receiver, trustee, or other court
	d fiduciary by that fiduciary)
арронне	i fiduciary by that fiduciary)
J	uan A. Ocampos
_	(Typed or printed name of person signing)
·	resident
_	(Title of person signing)