## P16000007306

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(Ad	idress)			
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SECRETARY OF SUPPRISON OF CORPORATION

JUN 0 6 2017 C MCNAIR

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: EUROAMERICA	TRAVEL CORP	
DOCUMENT NUMB	D16000007306		
The enclosed Articles of	of Amendment and fee are su	abmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	PAULO FACTOR		
-		Name of Contact Pers	on
	SAFETY BUSINESS LLC		
-		Firm/ Company	
	6220 S ORANGE BLOSSO	• •	
-		Address	
	ORLANDO, FLORIDA 328		I
-		City/ State and Zip Co	de
SUPP	ORT@SAFETYTAX.COM		
	_	sed for future annual repo	rt notification)
	·	•	•
For further information	concerning this matter, pleas	se call:	
PAULO FACTOR		at ( <u>407</u>	8884747
Name o	f Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida De <sub>l</sub>	partment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amer Divis Clifte	t Address adment Section ion of Corporations on Building Executive Center Circle

Tallahassee, FL 32301

1. ... de Misson

## Articles of Amendment to Articles of Incorporation of

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



## EUROAMERICA TRAVEL CORP

P16000007306	
(Docum	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the con	rporation:
EUROAMERICA HOLDINGS CORP	The new
	l "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u></u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
New Registered Office Address: 1420 (	(Florida street address)  Celebration Blud, Ste 20, Florida 34747 (City) (Zip Code)
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I	stered Agent:  'am familiar with and accept the obligations of the position.
Bruno	Vieira de Mirandon Sture 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)

Remove

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.

X Change	<u>PT</u>	John E	<del>loe</del>	
X Remove	<u>v</u>	Mike J	<u>lones</u>	
X Add	<u>sv</u>	Sally S	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	$\mathcal{D}$	<del></del>	MARCELO A MACIEL	ALAHEDA MAMORE \$535
Add				CONJUNTO 1110-11 Andor
X Remove				BORVERY, SP 06-454-040 BE
2) Change		_		
Add				
Remove				
3) Change		<del></del>		
Add				
Remove				
4) Change	<del></del>	_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				

f amending or ad Attach additional	ding additional Articles, enter cha heets, if necessary). (Be specific)	ngc(s) here:		
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		n		
<u>provisions for im</u>	royides for an exchange, reclassifi plementing the amendment if not c	cation, or cancellation ontained in the amendi	ment itself:	
	ble, indicate N/A)			
N/A				
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The date of each amendment(s) ado	ption:	, if other than the
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 Department	ick does not meet the applicable statutory filing requirements, this date vartment of State's records.	will not be listed as the
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):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	."	
	(voting group)	
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated 05   2	2/2017	
Signature (By a dire selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court if fiduciary by that fiduciary)	
В	RUNA VIEIRA DE MIRANDA	
_	(Typed or printed name of person signing)	<del> </del>
P	RESIDENT	
	(Title of person signing)	