

(Requestor's Name)	_			
(Address)	_			
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(City/State/Zip/Phone #)	_			
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Document Number)				
Certified Copies Certificates of Status	_			
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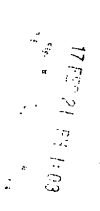
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FEB 22 2017

R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CITY LIGHTS USA, CORP					
DOCUMENT NUMBER: P1600027332					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
MANZIC GOZECCE Name of Contact Person					
Firm/ Company					
11666 SW APPLE BLOSSOON TRAIL Address					
PORT ST LUCIE, FI 34787 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
MANZK GUZZEWE at 305 431-7119					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					

Tallahassee, FL 32301

Articles of Amendment

			to		
A	rticles	of	Incor	pora	tion
			_		

17 FET 21 FH 1: (7.
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·	Articles of Incorporation of	17 FET 21	FII 1: 03
City (ights USA,	LOVE THE .	· +
(Name of Co) por	ation as currently filed with t	he Florida Dept. of State)	•
(Doc	cument Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florida Profi</i>	t Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association." or t	orp," "Inc," or "Co". A prof		
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			
C. Faton now welling address if applicables			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)		
			
D. If amending the registered agent and/or registered agent and/or the new registered		a, enter the name of the	
Name of New Registered Agent Book	WLY ASENCIO	DENE#115 PSC	-
<u>10386</u>	(Florida street adaress;	2 10KINE -115 15C	7 FL 3498
New Registered Office Address:	(City)	, Florida <u>(Zip</u>	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: X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	•
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
i) Change	P MARK GREEDE	10380 50 ULLAGE
Add		CONTER DRIVE #15
X Remove		POSET ST LUCIE, FL 3498"
2) Kinange	PT BEVERLY ASENCIO	10380 910 Village
Add	·	CENTER DEINE #115
Kemove		PORT ST LOUTE, FL 3491
3) Change		
Add		<u> </u>
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Adđ		
Remove		

ttach <i>additi</i>	or adding additions ional sheets, if necess	sary). (Be specifi	ìc)			
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an amand	ment provides for a	n evokenge reele	ecification or es	ncellation of icc	ued chure	
rovisions (for implementing th	e amendment if n	ot contained in	the amendment	itself:	
(if not a	pplicable. indicate N	WA)				
			<u>-</u>	 		 .
_		<u> </u>				
						
						
						·

The date of each amendment(s) adoption:date this document was signed.	2/16/2017	, if other than the
Effective date if applicable:	2/14/2017 (no more than 90 days after amenda	
	(no more than 90 days after amenai	ment file date)
Note: If the date inserted in this block does document's effective date on the Department of		g requirements, this date will not be listed as the
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		sst for the amendment(s)
☐ The amendment(s) was/were approved by t must be separately provided for each voting		
"The number of votes cast for the am	endment(s) was/were sufficient for appr	roval ."
(V	oting group)	
☐ The amendment(s) was/were adopted by th action was not required.	e board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder acti	ion and shareholder
Dated 216 20	196	
	esident or other officer – if directors or	
<u> </u>	corporator — if in the hands of a receive ry by that fiduciary)	r, trustee, or other court
appointed fludcia	ly by that riducially)	
Maur		:
	(Typed or printed name of person sign	ing)
Poze	SIDENT	
	(Title of person signing)	