P1000034551

| (Red | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | dress) | |
| (Add | dress) | , |
| (City | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | siness Entity Nar | ne) |
| (Doc | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



900285105519

04/29/16--01025--005 **43.75



Amendicus

MAY 17 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | GLOBAL REPRE | SENTATION SERVICES | , INC |
|--------------------------|--|---|--|
| DOCUMENT NUMI | P16000034551 BER: | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | |
| Please return all corres | spondence concerning this ma | tter to the following: | |
| | Igor N Skazko | | |
| | GLOBAL REPRESENTATION | Name of Contact Perso ON SERVICES, INC | on |
| | 4529 Pacific Sun Ave | Firm/ Company | ······································ |
| | Las Vegas, NV 89139 | Address | |
| | | City/ State and Zip Cod | de |
| iggyv | egas11@gmail.com | | |
| · · · · · · | E-mail address: (to be us | sed for future annual repor | t notification) |
| For further information | n concerning this matter, pleas | se call: | |
| Igor N Skazko | | 702 at (| 401-6302 |
| Name o | of Contact Person | Area Co | ode & Daytime Telephone Number |
| Enclosed is a check for | r the following amount made | payable to the Florida Dep | eartment 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) |
| Ame Divis P.O. | ling Address Indiment Section Ission of Corporations Box 6327 Inhassee, FL 32314 | Amen Divisi Clifto 2661 | Address dment Section on of Corporations n Building Executive Center Circle tassee, FL 32301 |



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 2, 2016

IGOR N. SKAZKO GLOBAL REEPRESENTATION SERVICES, INC. 4529 PACIFIC SUN AVE LAS VEGAS, NV 89139

SUBJECT: GLOBAL REPRESENTATION SERVICES, INC

Ref. Number: P16000034551

We have received your document for GLOBAL REPRESENTATION SERVICES, INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please check only 1(one) box regarding the adoption of the amendment and pages was missing from the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 816A00009079

Articles of Amendment to Articles of Incorporation of

GLOBAL REPRESENTATION SERVICES, INC

| (Name of Corporation as currer P16000034551 | ntly filed with the Florida Dept. of State) |
|--|---|
| | of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation: | is Florida Profit Corporation adopts the following amendment(s) t |
| A. If amending name, enter the new name of the corporation: N/A | The many |
| name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | "Co". A professional corporation name must contain the |
| The Control Control of the tree of the tre | N/A |
| B. Enter new principal office address, if applicable: | |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | |
| | |
| | |
| C. Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | N/A |
| | |
| | |
| | |
| | ** |
| D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre | |
| N/A | . <u></u> |
| Name of New Registered Agent | |
| | |
| (Florida | street address) |
| N/A | Pl:1. |
| New Registered Office Address: | , Florida (City) (Zip Code) |
| | |
| | |
| New Registered Agent's Signature, if changing Registered Age | nt: |
| I hereby accept the appointment as registered agent. I am familia | |
| | |
| | |
| <u></u> | |
| 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 | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| X Change | PTSD | IGOR N SKAZKO | 4529 Pacific Sun Ave, Las Vegas, N |
| Add | | | |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| If amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) |
|---|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| f an amendment provides for an exch | ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | nument if not contained in the amendment (isen: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| • | May12, 2016 | |
|---|--|-----------------------------|
| The date of each amendment(s) | adoption: | , if other than the |
| late this document was signed. | 10.0017 | |
| M Effective date <u>if applicable</u> : | ay12, 2016 | |
| snective date <u>ir applicable</u> . | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this locument's effective date on the I | s block does not meet the applicable statutory filing requirements, this date Department of State's records. | e will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were a by the shareholders was/were | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval. |) |
| | pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s): | nt |
| "The number of votes ca | st for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| action was not required. | dopted by the board of directors without shareholder action and shareholder | г |
| The amendment(s) was/were a action was not required. | dopted by the incorporators without shareholder action and shareholder | |
| May12, 2 | 2016 | |
| Dated Signature | Nor 1/ DASCen | |
| (By a selection) | a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) | t |
| •• | Igor N Skazko | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT, TREASURER, SECRETARY, DIRECTOR | |
| | (Title of person signing) | |