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AUG 2 8 2018 T. LEMIEUX

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporat		
NAME OF CORPORAT	ION: ALLSEVEN24 (US) INC.	
DOCUMENT NUMBER	·	
The enclosed Articles of A	mendment and fee are submitted for filing.	
Please return all correspon	dence concerning this matter to the following:	
	PHILL SPOKES	
	Name of Contact Person	
	ALLSEVEN 24 (US) INC.	
	Firm/ Company	
5	50 N REO ST, Ste 300, TAMPA, FL 33609 Address	
	Address	
	TAMPA / FL 33609	
	City/ State and Zip Code	
	phill@all7.group	
	E-mail address: (to be used for future annual report notification)	
For further information co	ncerning this matter, please call: +44 7882 459011 (UK CALL	- Prome
PHILL SPO	at (813) 280 - 5424	
Name of (ontact Person Area Code & Daytime Telephone Number	
Enclosed is a check for th	e following amount made payable to the Florida Department of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amend Divisio	Address nent Section of Corporations x 6327 Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ALLS	EVEN 24 (US) INCEI	1 5 6
		ly filed with the Florida	pept. of State)
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	(Document Number of the Cook o	of Corporation (if known) SECRETA Florida Profit Corporation	19 2 30
A. If amending name, enter the new name FIREFLY TRA	VEL ASSIS	TINC.	The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designati word "chartered," "professional associatio	on "Corp," "Inc," or	"Co". A professional co	ncorporated" or the abbreviation orporation name must contain the
B. Enter new principal office address, if a (Principal office address MUST BE A STR	applicable:	NIA	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF		NIA	
D. If amending the registered agent and/ new registered agent and/or the new i	or registered office ad registered office addre	dress in Florida, enter tl	ne name of the
	(Florida :	street address)	
New Registered Office Address:	aln	(City)	, Florida (Zip 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.

N/P
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 Doe X Remove Mike Jones <u>V</u> X Add <u>SV</u> Sally Smith Address Type of Action <u>Title</u> <u>Name</u> (Check One) 1) ____ Change Add _ Remove 2) ____ Change ____ Add Remove 3) ____ Change ___ Add Remove 4) ____ Change ___ Add _ Remove 5) ____ Change Add Remove

mending or adding additional Articles, enter change(s) here: ach additional sheets, if necessary). (Be specific)	
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	and the state of the same
n amendment provides for an exchange, reclassification, or c	the amendment itself:
ovisions for implementing the amendment if not contained in (if not applicable, indicate N/A)	the angularity testi.
(g not approvate, marcare trivi)	

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The date of each amendment(s) adoption:		720004	2019	, if other than the
date this document was signed.				
Effective date if applicable:	15 A	7202VE	2019	
	(no more the	an 90 days after am	endment file date)	
Note: If the date inserted in this block does in document's effective date on the Department of			filing requirements,	this date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE			
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		The number of vote	es cast for the amend	dment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting				
"The number of votes cast for the ame	ndment(s) was	/were sufficient for	approvat	
by	STREET	The state of the s		
(vo	ting group)			
The amendment(s) was/were adopted by the action was not required.	board of direc	tors without shareho	older action and sha	reholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators	without shareholder	action and shareho	lder
Dated 8 AUG	S TRU	019		
Signature	M			
· · · · · · · · · · · · · · · · · · ·	orporator – if i	officer – if directors in the hands of a rec- iary)		
f	HILL	SPOKES		
-	(Typed or prin	ited name of person	signing)	
	C60			
	(T)	itle of person signin	g)	