P160000064 438

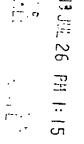
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Amendment Section Division of Corpora			
NAME OF CORPORA	TION: BPS World Inc.		
DOCUMENT NUMBE	R: P16000064438		
The enclosed Articles of	f Amendment and fee are sub	mitted for filing.	
Please return all corresp	ondence concerning this mutt	er to the following:	
-		Liam Murray Name of Contact Person	
-		BPS World Inc. Firm/ Company	
	Q	80 N. Federal Highway	Suite 110
-		Address	
	E	Boca Raton, FL 33432	
-		City/ State and Zip Code	;
	Lia	am.murray@BPS-worl	d.com
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas		
		at (de & Daytime Telephone Number
	of Contact Person		
Enclosed is a check for	the following amount made	payable to the Florida Depa	urtment of State:
\$35 Filing Fee	☐543.75 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 Tullahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

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Arti

Artic

icies of Amendment	2019 JUL 26	
to	7917 GOT SP	-PM 1: 1
des of Incorporation	4.	. ,
of	• ,	

BPS WOOT	id In	<u> </u>	<u>.</u>	
(Name of Corporat	on as currently	filed with the Flor	ida Dept. of State)	
	P1600006443			
(Docui	ment Number of (Corporation (if know	m)	
tursuant to the provisions of section 607.1006, Florid is Articles of Incorporation:	la Statutes, this Fi	lorida Profit Carpo	ration adopts the follow	ring amendment(s)
. If amending name, enter the new name of the c	orporation:			
				The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc," or "C	o". A projessiona	"incorporated" or the l corporation name mus	abbreviation I contain the
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET AD</u>	l <u>e:</u> DRESS)			
				
				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>ox</u>)			
D. If amending the registered agent and/or regist	ered office addre	ss in Florida, enter	the name of the	
new registered agent and/or the new registered	d office address:			
Name of New Registered Agent			<u> </u>	
	(Florida stree	et address)		_
	(1.12.144.1.1.1	•• ••••	, Florida	
New Registered Office Address:	- (Ciry)		p Code)
	,,	Cuyy	124	ρ εωέ,
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent: I am familiar w	ith and accept the o	bligations of the position	1.
I mileof accept the appearance = -10 - 11 to	-			
				_
Sig	gnature of New Re	gistered Agent, if co	hanging	

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.

PT John	n Doe	
Y Mil	te Jones	
SV Sall	ly Smith	
Title	Name	Address
PS	Liam Murray	980 N. Federal Highway
		Suite 110
		Boca Raton, FL 33432
CEO	Simon Conington	980 N. Federal Highway
		Suite 110
		Boca Raton, FL 33432
		
		
	Y Mile Title PS	Y Mike Jones SV Sally Smith Title Name PS Liam Murray

ach additional sheets,	if necessary). (B	'e specific)			
					
	<u> </u>				
			 		
an amendment prov	ides for an exchan	ge, reclassificati	on, or cancellat	ion of issued sh	ares,
receivings for implet	nenting the ameno	ment if not cont	ined in the ame	endment itself:	
(if not applicable,	indicate N/A)				

The date of each amendment(s) adoption: 7/19/2019	, if other than the
The date of each amendment(s) adoption: //19/2019 date this document was signed.	
Effective date if applicable:	 _
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date w document's effective date on the Department of State's records.	rill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 67/19/2019 Signature (Pure discertor, president or other officer – if directors or officers have not been	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
**	
(Typed or printed name of person signing)	
·	
PECSIDENT, BIS WORLD INC.	_
(Title of person signing)	

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