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(Re	questor's Name)	
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. (Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
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SECRI IALLO SIAID
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: DGS DEFENSE C	ORP		
DOCUMENT NUMBE	P16000096931			
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
G	ILVAM F DOS SANTOS			
•		Name of Contact Persor	1	
G	FS TAX & ACCOUNTING	SERVICES		
		Firm/ Company		
2	001 W CYPRESS CREEK	• •		
		Address		
F	T LAUDERDALE FL 3330			
-		City/ State and Zip Cod	e	
		Only balls and Dip God		
INFO@	GFSTAXACCT.COM			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
GILVAM F DOS SAN	ros	954 at (9573244	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
Amen	ng Address dment Section ion of Corporations	Amend	Address Iment Section on of Corporations	
P.O. I	Box 6327	Clifton	ı Building	
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DGS DEFENSE CORP

(Name	of Corporation as currently	flied with the Florida Dept.	of State)	
P16000096931				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation add	opts the following amendme	ent(s) to
A. If amending name, enter the new na	ame of the corporation:			
			The new	,
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	Co". A professional corporati	ated" or the abbreviation ion name must contain the	! ?
B. Enter new principal office address,	if anniicable:	7451 Riviera Blvd. Unit #14	Miramar, FL 33023	
(Principal office address MUST BE A S				
				
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		7451 Riviera Blvd. Unit #14	Miramar, FL 33023	
			- - 	
		 ' '	- [] B	n
D. If amending the registered agent an new registered agent and/or the ne			SE 7	- n
Name of New Registered Agent	GFS TAX & ACCOUNTIN	G SERVICES		
	2001 W CYPRESS CREEK	C RD STE 102 B	6: 2	
	(Florida stre		1> ° O	
New Registered Office Address:	FT LAUDERDALE		Florida 33309	
	(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:			
I hereby accept the appointment as regis	tered agent. I am familiar w	ith and accept the obligations	of the position.	
		1		

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	<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
1) Change		·	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add		•	
Remove			
5) Change			
Add			
Remove		•	
			
6) Change			
Add			
Remove			

E. <u>If amen</u> (Attach a	ding or adding additional Aradditional sheets, if necessary).	ticles, enter change((Be specific)	s) here:		
N/A		(2007000)			
	<u> </u>				
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	 -				
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				-	
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			<u> </u>		
F. <u>If an an</u>	nendment provides for an exc	hange, reclassificat	ion, or cancellatio	n of issued shares,	
<u>provisi</u> (if	ions for implementing the am not applicable, indicate N/A)	endment it not cont	ained in the amen	ament itseit:	
N/A					
	·				
				_ 	
			···-		
					

3	option:, if other than the
The date of each amendment(s) and date this document was signed.	ption
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
The amendment(s) was/were appropriately provided for	proved by the shareholders through voting groups. The following statement 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)
action was not required.	opted by the board of directors without shareholder action and shareholder
DECEME	ER 21, 2018
select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary) ABILIO DI GERARDI MENDES (Typed or printed name of person signing) PRESIDENT
	(Title apperson)signing)