Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : I20060000012

Phone Fax Number

: (305)826-5886 : (305)722-0535

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN **B & M SERVICES USA CORPORATION**

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Corporate Filing Menu

Help



February 22, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

B & M SERVICES USA CORPORATION 9813 W OKEECHOBEE RD APT 101 HIALEAH GARDENS, FL 33016

SUBJECT: B & M SERVICES USA CORPORATION

REF: P17000013910

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PLEASE CHECK ONLY ONE ADOPTION OF AMENDMENT BOX.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II FAX Aud. #: H17000048653 Letter Number: 317A00003470

Articles of Amendment to Articles of Incorporation of

B & M SERVICES USA CORPORATION

P170000	vi3910				
(Document Number of	of Corporation (if known)				
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)				
. If amending name, enter the new name of the corporation:					
M & B USA CORPORATION	The new				
name must be distinguishable and contain the word "corporati "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				
3. Enter new principal office address, if applicable:	9813 W OKEECHOBEE RD APT 101				
Principal office address MUST BE A STREET ADDRESS	HIALEAH GARDENS				
	33016				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9813 W OKEECHOBEE RD APT 101				
	HIALEAH GARDENS				
	33016				
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre	dress in Florida, enter the name of the				
Name of New Registered Agent	<u> </u>				
(rtorido s	street address)				
New Registered Office Address:	(City) , Florida (Zip Code)				
	(049)				
New Registered Agent's Signature, if changing Registered Agen	nt:				
I hereby accept the appointment as registered agent. I am familia	r with and accept the obligations of the position.				
	, 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 De	<u>oe</u>					
X Remove	<u>v</u>	Mike Jo	ones					
X Add	<u>sv</u>	Sally S	mith				•	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>				<u>Addres</u> s	
1) Change			WIA-97-00					
Add								
Remove								
2) Change		_						
Add						•		
Remove							-	
3)Change			·			,		
Add								
Remove								•
. Charac								
4) Change Add				-		•		
Remove								
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5) Change		_	·····					
Add ·								
Remove	•					•		
6) Change				•		•		
Add								· · · · · · · · · · · · · · · · · · ·
Pamova								

•	v). (Be specific)	,
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(f an amendment provides for an e	exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the a	mendment if not contained in the amendment itself:	
If an amendment provides for an e provisions for implementing the a (if not applicable, indicate N/A	mendment if not contained in the amendment itself:	
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provisions for implementing the a (if not applicable, indicate N/A	mendment if not contained in the amendment itself:	

	02/20/2017	26 3 3 3
The date of each amendment(s) ad	option:	, if other than the
late this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	•	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes east for the amend	dment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(statement (s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sha	ueholder .
☐ The amendment(s) was/were addraction was not required.	opted by the incorporators without shareholder action and shareho	old er .
02/20/201	7	
Dated		
Signature X	/Elsau Devier	
(By a	director, president or other officer - if directors or officers have no	ot been
	ed, by an incorporator - if in the hands of a receiver, trustee, or of	her court
appoi	nted fiduciary by that fiduciary)	
	NELSON J BOGUIER	• ;
	(Typed or printed name of person signing)	
	TOG	
	(Title of person signing)	