## P170000001220

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PILEU SECRETARY OF STATE MASSEE, FLORIDA

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MAY 1 7 2018

I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR   | ATION: Contracting and A                   | gency Services, Inc   |   |  |  |  |
|--|--|---|---|--|--|--|
| DOCUMENT NUMB  | ER: P17000067220                           |   |   |  |  |  |
|  | of Amendment and fee are su                | bmitted for filing.   |   |  |  |  |
| Please return all corres   | pondence concerning this ma                | tter to the following:  |   |  |  |  |
|  | Martin Lopez                               |   |   |  |  |  |
| •  |  | Name of Contact Person  | 1   |  |  |  |
|  | Global Trust Management US Branch Inc      |   |   |  |  |  |
| •  |  | Firm/ Company   |   |  |  |  |
|  | 1600 Ponce de Leon Blvd St                 | e 808   |   |  |  |  |
| •  |  | Address   |   |  |  |  |
|  | Coral Gables, FL, 33134                    |   |   |  |  |  |
| •  |  | City/ State and Zip Cod   | e   |  |  |  |
| legal@   | globaltrustm.com                           |   |   |  |  |  |
|  | · <del>-</del>                             | sed for future annual report  | notification)   |  |  |  |
| For further information  | concerning this matter, pleas              | se call:  |   |  |  |  |
| Martin Lopez   |  | at ( <sup>305</sup>   | 3795551   |  |  |  |
| Name o   | f Contact Person                           | at (305 ) 3795551  Area Code & Daytime Telephone Number   |   |  |  |  |
| Enclosed is a check for  | the following amount made                  | payable to the Florida Depa   | artment of State:   |  |  |  |
| S35 Filing Fee   | ☐S43.75 Filing Fee & Certificate of Status | □S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)   | ☐S52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  | Street Address  Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle |   |  |  |  |

Tallahassee, FL 32301

## Articles of Amendment to to Articles of Incorporation of

Contracting and Agency Services, Inc.

| (Name of Corporatio   | n as currently     | filed with the Flo             | orida Dept. of        | State)       |               |
|---|--------------------|--------------------------------|-----------------------|--------------|---------------|
| 17000067220   |                    |                                |                       |              |               |
| (Docume   | ent Number of (    | Corporation (if kn             | own)                  |              |               |
| ursuant to the provisions of section 607.1006, Florida<br>s Articles of Incorporation:  | Statutes, this $F$ | lorida Profit Cor <sub>l</sub> | <i>porution</i> adopt | s the follow | ring amendmen |
| If amending name, enter the new name of the con   | poration:          |                                |                       |              |               |
|   |                    |                                |                       |              | The new       |
| ame must be distinguishable and contain the word<br>Corp.," "Inc.," or Co.," or the designation "Corp,<br>ord "chartered," "professional association," or the a | " "Inc, " or "C    | o". A profession               |                       |              |               |
| Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADD.  |                    |                                |                       |              |               |
| . Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u>  | Ú                  |                                |                       | TALLA        | SECRETARY OF  |
| If amending the registered agent and/or registered new registered agent and/or the new registered of  |                    | ess in Florida, ent            | er the name o         | f the        | ELONIO P      |
| Name of New Registered Agent  |                    |                                |                       |              |               |
|   | (Florida stree     | et address)                    |                       |              | ·             |
| New Registered Office Address:  |                    |                                | . Fle                 | orida        |               |
|   | ((                 | Cityt                          | ,,                    |              | ip Codei      |
| Sew Registered Agent's Signature, if changing Regi<br>hereby accept the appointment as registered agent. I  | stered Agent:      |                                | obligations of        |              | ,             |
| Çi  | turn of Name Da    | aistored Ament if              | chanaina              |              |               |

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 Doc 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> | Name        | <u>e</u>  | <u>Addres</u> s                      |
| 1) Change                  | D            | Mart        | in Lopez  | <br>4100 Salzedo St. Ste 606, Coral  |
| Add                        |              |             |           | Gables, FL, 33146                    |
| X Remove                   |              |             |           |                                      |
| 2) Change                  | D            | lvanı       | ni Patino | <br>1600 Ponce de Leon Blvd. Ste 808 |
| xAdd                       |              |             |           | Coral Gables, FL, 33134              |
| Remove                     |              |             |           |                                      |
| 3.1 Change                 |              | _           |           | <br>                                 |
| Add                        |              |             |           |                                      |
| Remove                     |              |             |           |                                      |
| 4) Change                  |              |             |           | <br>                                 |
| Add                        |              |             |           |                                      |
| Remove                     |              |             |           |                                      |
| 5) Change                  | ·            |             |           |                                      |
| Add                        |              |             |           |                                      |
| Remove                     |              |             |           |                                      |
| Z. 29                      |              |             |           |                                      |
| 6) Change                  |              |             |           | <br>-                                |
| Add                        |              |             |           |                                      |
| Remove                     |              |             |           |                                      |

| If amending or adding additional Art<br>Attach additional sheets, if necessary). | (Be specific)       |                      |                   |  |
|--|---------------------|----------------------|-------------------|--|
|  |                     |                      |                   | <u> </u>                                     |
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| f an amendment provides for an exc   | hange reclassificat | ion, or cancellation | of issued shares. |  |
| provisions for implementing the am<br>(if not applicable, indicate N/A)          | endment if not cont | ained in the amend   | ment itself:      |  |
| tij nor appaeane, maeme som  |                     |                      |                   |  |
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|  |                     |                      |                   |  |

| The date of each amendment(s) adoption:  | , if other than the         |
|--|-----------------------------|
| date this document was signed.   |                             |
| Effective date <u>if applicable</u> :  |                             |
| tno more than 90 days after amendment file date)   |                             |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.                                   | e will 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.   | ı                           |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statemen must be separately provided for each voting group entitled to vote separately on the amendment(s):        | 11                          |
| "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.   |                             |
| 04/24/2018<br>Dated  |                             |
| J. 175-  |                             |
| Signature  |                             |
| (By a director, president of 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) |                             |
| Ivanni Patino  |                             |
| (Typed or printed name of person signing)  | ·                           |
| Director   |                             |

(Title of person signing)