## P180000 18671

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PROAX INC			
DOCUMENT NUM	IBER:		<u> </u>	
	s of Amendment and fee are su	bmitted for tiling.		
Please return all corr	espondence concerning this ma	itter to the following:		
	REGINA MEDEIROS			
	Name of Contact Person			
CSG - CAPITAL SERVICES GROUP INC				
	Firm/ Company			
	446 W HILLSBORO BLVD	)		
Address				
	DEERFIELD BEACH, FL 3	33441		
		City/ State and Zip Cod	e	
REG	GINA@THEWAYGROUP.BI	Z		
	•	sed for future annual report	notification)	
		·		
For further informati	on concerning this matter, pleas	se call:		
REGINA MEDEIROS		954 at (	427-4770	
Name	of Contact Person	Area Code & Daytime Telephone Nu		
Enclosed is a check t	or 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)	
Mailing Address			Address	
Amendment Section		Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

PROAX INC			
(Name of Corporation as cur	rrently filed with the Flor	rida Dept. of State)	_
P18000018671			
(Document Num	nber of Corporation (if kno	wn)	<del></del> -
Pursuant to the provisions of section 607.1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corpo</i>	oration adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the corporatio	on:		
			The new
name must be distinguishable and contain the word "corpo" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbrevia	" or "Co". A professiona		bbreviation
B. Enter new principal office address, if applicable:			
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			201
			SE TI
C. Enter new mailing address, if applicable:			=
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )			<u></u>
		Ę.	ت □
	<del></del>		1 <b>%</b>
			<u> </u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		r the name of the	
Name of New Registered Agent			_
(Flor	ida street address)		-
New Registered Office Address:		, Florida	
	(City)		Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam		bligations of the position.	
			_
Signature of S	New Registered Agent if cl	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)

Example:

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.

X Change	:	<u>PT</u>	John Doe	
X Remov	e	<u>V</u>	Mike Jones	
$\underline{X}$ Add		<u>sv</u>	Sally Smith	
Type of Ac (Check On		<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)C	hange	P	PRADO, THAIS	1230 NE 4TH CT
A	ıdd			BOCA RATON, FL 33432
<u>X</u> R	emove			
2) Cl	hange	Р	TEIXEIRA, RICARDO	1230 NE 4TH CT
X				BOCA RATON, FL 33432
	lemove			
3)0	Thange		_	
A	ıdd			
R	emove			<del></del>
4) Cl	hange			
A				
	emove			
<i>5)</i> CI	hange		_	
А	.d <b>d</b>			
R	emove			
6)Ci	hance			
	.dd			
	emove			

Attach additional sheets, if necessary).	i <u>cles, enter change(s) here</u> : (Be specific)	
		_
	<del></del>	<del>-</del>
<del>-</del>		
		<del>-</del> -
		-
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and itself:	
(if not applicable, indicate N/A)		
	<del></del>	
· · · · · · · · · · · · · · · · · · ·		
	<del></del>	
	<del></del>	

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	at for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
08/23/20 Dated	18	
Signature	Thais Rodo oforce	
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	THAIS PRADO	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	