

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000306816 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN **INGLOCA GROUP INC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 2 4 20:8

T. LEMIEUX

FILED

Articles of Amendment Articles of Incorporation 2010 OCT 23 A H: #9

	ATTICLE OF	uncorporation ;	# Maria
INGLOCA GROUP INC		of	- TALLAHASSEE / EGKI
Name ( 18000026540	of Corporation as curre	ntly filed with the Flori	ida Dept. of State)
	(Document Number	of Corporation (if know	
Pursuant to the provisions of section 607.  13 Articles of Incorporation:			ration adopts the following amendment(s)
k. If smending pame, enter the new us	me of the corporation:		
same must be distinguishable and care	triu the went to		The now
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa			"incorporated" or the abbreviation corporation name must contain the
3. Enter new principal office address, Principal office address MUST RE A ST	f applicable:	N/A	·
	,		
Enter new mailing address, if applic	cable:	<del> </del>	
(Mailing address MAY BE A POST (	FFICE BOX)	n/a	
D. If amending the registered agent and new registered agent and/or the new	for registered office ad	dress in Florida, enter	the name of the
	n/a	<u> 58:</u>	
Name of New Registered Agent			<del></del>
	(Florida )	streat address)	
New Registered Office Address:		•	m21-
		(City)	, Florida(Zlp Code)
iew Registered Agent's Signature, if ch	anding Registered Aco	44 •	
hereby accept the appointment as registe	red agent. I am familia	<del></del> r with and accept the obt	ligations of the position.

Signature of New Registered Agent, if changing

address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

PAGE 03/05

Please note the officer  P = President; V= Vi,  Executive Officer; CF  held. President, Treasi	= 1763ine O = Chief wer. Direc	itle by the nt; T= Ti Financia	ፈ አ <sub>ቀ</sub> ውጥን	?= Trustee; C = Chairman or Clerk; CEO = Chief ore than one tille, list the first letter of each office
CAMPAKER REGISTED DE MON	led in the fi leaves the	ollowing cornural	manner. Currently John Doe is listed as	the PST and Mike Jones is listed as the V. There is ese should be noted as John Doe, PT as a Change,
X Change	<u>PT</u>	John (	<u>)oe</u>	
X Remove	¥	Mike J	<u>(ODO3</u>	
X Add	<u>\$Y</u>	Sally S	mith	
Type of Action (Check One)	Title		Name	Address
1)Change	VP	_	REYES VILLEGAS, MIGUEL A	21011 JOHNSON STREET #110
Add				PEMBROKE PINES,FL 33029
X Remove				
2) Change		_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4)Change		_		
Add				
Remove				
5)Change		_		
Add			<del></del> -	
Remove				
の Change	-	-		
Add				
Remove				

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

/23/2018	13:21	3052201440	LAZARUS CORPORATEF	AGE_	84/0
				· <del>-</del>	
			•		
E. If amer	ding or add	ing additional Arti	cles, enter change(s) here:		
-	additional sh	eets, if necessary).	(Be specific)		
N/A			<u> </u>		
		· .			
<del></del>					
D 15					
provision	os for implex	ndes for an exchar nenting the amend	oge, reclassification, or cancellation of issued shares, tment if not contained in the amendment litelf:		
	or applicable,	indicate N/A)	A STATE OF THE PARTY OF THE STATE OF THE STA		
n/a					
	<del></del>				
			:		
		- <del></del>	· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption:	n/a	
date this document was signed.		if other than the
Effective date if applicable:		
	(no more than 90 days after	amendment file date)
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statuto of State's records.	ry filing requirements, this date will not be listed as the
Adoption of Amendment(6)	HECK ONE)	
☐ The amendmont(s) was/were adopted by the shareholders was/were sufficient for	ne sinarcholders. The number of war approval.	votes cast for the amendment(s)
The emendment(s) was/were approved by a must be separately provided for each votion	the shareholders through voting g	groups. The following statement ely on the amendment(s):
"The number of votes cast for the am	andment(s) was/were sufficient f	or approval
by		
(2	oting group)	"
☐ The amendment(s) was/were adopted by the action was not required.  ☐ The amendment(s) was/were adopted by the		
The amendment(s) was/were adopted by the action was not required.	e uncorporators without sharehold	der action and shareholder
Dated		
Signature	)	
acteur, by an me	Sident or other officer – if direct corporator – if in the hands of a ray by that fitheciary)	ors or officers have not been ecciver, trustee, or other count
	DO A JIMENEZ URBINĄ	
<del></del>	(Typed or printed name of perso	n signing)
PRESIDE	NT	
<del></del>	(Title of person sign	ing)