## P180000045031

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Amend

JUL 1 1 2018

I ALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	DN: BUSIN	ESS BOX COF	₹P		
DOCUMENT NUMBER:	P18000045031				
The enclosed Articles of Am	endment and fee are su	bmitted for filing	<u>;</u> .		
Please return all corresponde	ence concerning this ma	tter to the follow	ing:		
	H	IELTON DA SII	_VA, DAN	INY	
	•	Name of Con	tact Persor	1	
	BUSINESS B	OX CORF			
Firm/ Company					
	1710 WELLS ROAD # 222				
	Address				
	ORANGE PARK, FL, 32073				
		City/ State an	d Zip Code	e	
	safew	aymultiservice	@hotmail.	.com	
	E-mail address: (to be us	sed for future and	ual report	notification)	
For further information conc	erning this matter, pleas	se call:			
Patricia Bernardo		at (	904	810-8102	
Name of Con	tact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check for the fo	ollowing amount made	payable to the Fl	orida Depa	artment of State:	
S35 Filing Fee	3843.75 Filing Fee & Certificate of Status	S43.75 Filit Certified Co (Additional enclosed)	ру	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address				Address	
Amendme	Amendment Section				
Division o P.O. Box 6	Division of Corporations Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

BUSINESS B	OX CORP	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P180000450	31	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Flits Articles of Incorporation:	lorida Profit Corporation adopts the following amendment	nt(s)
A. If amending name, enter the new name of the corporation:		
	The new	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent	<u> </u>	
(Florida stree	t address)	
New Registered Office Address:	, Florida	
	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi		
Signature of New Reg	gistered 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	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	MGR	OSEIAS BARBOZA FILHO	1717 COUNTRY RD 220 # 3905
x Add			FLEMING ISLAND - FL - 32003
Remove			
2) Change			_
Add			
Remove			
3 ) Change			_
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Arti Attach <i>additional sheets, if necessary).</i>	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
- <u>-</u>	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	<del></del>
·	

*	07/02/2018	
The date of each amendmendate this document was signed	nt(s) adoption:	, if other than the
President and the control to	07/02/2018	
Effective date if applicable	(no more than 90 days after amendment file	date)
	this block does not meet the applicable statutory filing require the Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	ere adopted by the shareholders. The number of votes cast for the were sufficient for approval.	2 amendment(s)
	ere approved by the shareholders through voting groups. The foll- ded for each voting group entitled to vote separately on the amend	
"The number of vot	es cast for the amendment(s) was/were sufficient for approval	
by	, (voting group)	
	(voting group)	
☐ The amendment(s) was/w action was not required.	ere adopted by the board of directors without shareholder action a	and shareholder
■ The amendment(s) was/w action was not required.	ere adopted by the incorporators without shareholder action and s	harehoider
DatedSignature	14 Hunde	
- (	By a director, president or other officer – if directors or officers has selected, by an incorporator – if in the hands of a receiver, trustee appointed fiduciary by that fiduciary)	
	HELTON DA SILVA, DANNY	
	(Typed or printed name of person signing)	
	P PRÉSIDENT	
	(Title of person signing)	