## P180000003141

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Shoupsy Investment	ent Inc	
DOCUMENT NUMB	P18000063141		
The enclosed Articles of	f Amendment and fee are sub	omitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
i	Katie Lomness		
-		Name of Contact Person	
1	Lomness CPA Services, In	c.	
-		Firm/ Company	
	1060 Woodcock Road		
-	<u>~</u>	Address	
	Orlando, FL 32803		
-		City/ State and Zip Code	2
Katie	@LomnessCPA.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Katie Lomness		at (	440-2825
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	irtment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

to

Shoupsy Investment Inc		
(Name of Corporation as current	ly filed with the Florida Dept, of S	tate)
P18000063141		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts	the following amendment(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 word "chartered," "professional association," or the abbreviation	"Co". A professional corporation:	" or the abbreviation name must contain the
B. Enter new principal office address, if applicable:	380 S Courtenay Pkwy	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Merritt Island, FL 32952	36 3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	380 S Courtenay Pkwy	M E D
	Merritt Island, FL 32952	0.
		₩
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	dress in Florida, enter the name of ss:	the
Name of New Registered Agent		<del></del>
(Florida s	treet address)	
New Registered Office Address:	, Flor	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of t	he position.
Signature of New	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 = Trustce; 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.

Mike Jones, V as Remov Example:	e, and Sa	lly Smith, SV as an Add.		
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)	Title	Name	<u>Addres</u> s	
1) Change	D	Carla Nunes De Cunha	4269 Woodhall Circle	
Add			Rockledge, FL 32955	
X Remove				
2) Change	D 	Romy Nunes De Canha	4269 Woodhall Circle	
Add			Rockledge, FL 32955	
X Remove				
3 ) Change	D	Eva Biancotto	4269 Woodhall Circle	
Add			Rockledge, FL 32955	
X Remove				
4) Change	D	Lara Capitaine	Bat A2 Provence Logis	
X Add			215 Vescovato	
Remove			France	
5) Change	D	Lou Ciccoli	Bat A2 Provence Logis	
X Add			20215 Vescovato	
Remove			France	
6) Change	D	Marion Capitaine	Bat A2 Provence Logis	
X Add			20215 Vescovato	
Remove			France	

Eamending or adding additional Artic attach additional sheets, if necessary).	(Be specific)	
<del></del> -		
-		
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
		_
		_

The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
■ The amendment(s) was/were adopted by the board of directors without shareholder action and shareh action was not required.	older
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	г
Dated 08/25/2018 Signature	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other appointed fiduciary by that fiduciary)	
Renaud Cambe	
(Typed or printed name of person signing)  President	
(Title of person signing)	

the