P1800082182

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PICK-UP WAIT MAIL	
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2018 OCT -5 AM 9: 0 SECRETARY OF STAT

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	Orange Trust Corp DRATION:) 	
DOCUMENT NUM	P18000082182 1BER:		
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.	
Please return all corr	espondence concerning this ma	itter to the following:	
	JUAN PABLO WULIF		
	ORANGE TRUSTS CORP	Name of Contact Persor	1
	4122 BOSTON CT	Firm/ Company	
	WESTON FL 33334	Address	
		City/ State and Zip Code	:
juan	npablomwulff@gmail.com		
	E-mail address; (to be us	sed for future annual report	notification)
for further informati	on concerning this matter, pleas	se call:	
JUAN PABLO WULFF		786 at (9916716
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check (or the following amount made	payable to the Florida Depa	riment 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 Amendment Section		Amend	Address ment Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Clifton	n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 OCT -5 AM 9: 09

SECRETARY OF STATE
TALLAHASSEE.FL

ORANGETRUST CORP

	dental and the state of the sta
P1800(0)82182	on as currently filed with the Florida Dept. of State)
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the cor	cnoration:
ORANGE TRUSTS CORP	<u> </u>
	The new
	I "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD)</u>	
	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	()
D. If amending the registered agent and/or registere	
new registered agent and/or the new registered o	ffice address:
Name of New Registered Agent	
	(Florida street address)
	11 With Street addressy
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regi	
I hereby accept the appointment as registered agent. $\ I$	am familiar with and accept the obligations of the position.
Signa	ture 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 = 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	<u> 141</u>	ohn Doc	
X Remove	<u>v</u> <u>N</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	CMO	Adel J. Muhammad Wulff	1600 Ponce de Leon Blvd
	_ _		Suite 1105
Add X Remove			Miami, FL 33172
2) Change	C	ADELJ, MUHAMMAD WULFF	1600 Ponce de Leon Blvd
X Add			Suite 1105
Remove			Miami, FL 33172
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	
		
		
		_
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	nament if not contained in the amendment ison.	
		

	OCTOBER 3, 2018	
The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		<u> </u>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date we department of State's records.	ill not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
ОСТОВ	ER 3, 2018	
DatedSignature	tured-times	
(By a select	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	JUAN PABLO WULFF	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	