Division of Corporations Electronic Filing Cover Sheet

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.

(((H200003418313)))



H200003418313ABCW

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 : GUZMAN & GUZMAN, P.A.

Account Number : 120080000090 Phone : (305)670-1991

Fax Number : (305)670-1993

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

## COR AMND/RESTATE/CORRECT OR O/D RESIGN PONTEST INTERNATIONAL US CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

To:

Articles of Amendment 2 1 - T 12: 21 to

Articles of Incorporation of				
PONTEST INTERNATIONAL US CORP	•			
(Name of Corporation as curren	tly filed with the Florida Dept. of State)			
P19000028450				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word			
B. Enter new principal office address, if applicable:	255 Aragon Ave			
(Principal office address MUST BE A STREET ADDRESS)	Second Floor			
	Coral Gables, Fl 33134			
C. Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE BOX)	255 Aragon Ave			
	Second Floor			
	Coral Gables, Fl 33134			
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address				
Name of New Registered Agent				
(Florida s	ureci oddress)			
New Registered Office Address.	Florida			
HEN HERISEIGH VIIIEE RUMEESI.	(City) (71p Code)			
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	<del></del>			
Signature of New	Registered Agent, if changing			

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Fax: 13057742945

To:

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>P1</u>	John Doe	
X Remove	¥	Mike Jones	
_X Add	ŞΥ	Sally Smith	
Type of Action (Check One)	Title	Name	Address
i) Change	P	MAIRAL, MARTIN A	9130 S Dadeland Blvd
Add			Suite 1509
X Remove			Miami, Fl 33156
2)Change	P	MAIRAL, MARTIN A	255 Aragon Ave
X Add			Second Floor
Remove			Coral Gables, Fl 33134
Add			
Remove			
4)Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change		-	
Add			<del></del>
Remove			

From: Ana Perdomo

Fax: 13057742945

To:

Fax: (850) 617-6380 Page: 5 of 6 10/01/2020 11:49 AM

(amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)		
			<del></del>
		<del></del>	·
	······································		·
		<del></del>	<del></del>
	· · · · · · · · · · · · · · · · · · ·		<del></del>
			·
	<del></del>		<del>=</del>
	<u> </u>		
f an amendment provides for an exc	nange, rectassification, o	r cancellation of issue	d shares.
provisions for Implementing the am (if not applicable, indicate N/A)	ndment if not contained	in the amendment it	tell:
		-	
	· · · · · · · · · · · · · · · · · · ·	<del> </del>	- <del></del>
·····			

To:

The date of each amendment(s	) adoption:, if other than t
date this document was signed.	, i odici tiai ti
Effective date if applicable:	
	(no more thun 90 days after amendment file date)
Note: If the date inserted in the document's effective date on the	block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) conficient for approval.
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	: ast for the amendment(s) was/were sufficient for approval
by	: (voting group)
A. 1	
Dated <u>OU</u>	i Aller
sele	a director, president or other officer - f directors or officers have not been cled, by an incorporator - if in the hands of a receiver, trustee, or other court printed fiduciary by that fiduciary)
	MAIRAL, MARTIN A
	(Typed or printed name of person signing)
	Prosident
	(Title of person signing)