## P19000029431

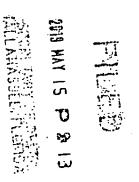
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: CYBER CENTER	RS INTERNATIONAL INC	<u>;                                    </u>
	BER: P19000029431		
	of Amendment and fee are st	abmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Harvey Scholl		
		Name of Contact Person	n
		Firm/ Company	
	Cyber Centers International	Inc	
		Address	
	212 East Hillsboro Blvd 253	, Deerfield Beach, FL 3334	1
		City/ State and Zip Cod	e
admi	n@scholloffices.com		
	E-mail address: (to be u	sed for future annual report	notification)
For further informatio	n concerning this matter, plea	se call:	
Harvey Scholl		at (	8896400
Name	of Contact Person	at (954 8896400)  Area Code & Daytime Telephone Numbe	
Enclosed is a check to	or the following amount made	payable to the Florida Depa	urtment of State;
S35 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

	01	و کا د محمد او	gam 'èrai
Cyber Centers International Inc			
(Name of Corporati	ion as currently filed with the Florida	Dept. of State)	-
P19000029431		I YAH EEDS	5 12 2 13
(Docum	nent Number of Corporation (if known)		•
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Profit Corporation	andpls the holid	
A. If amending name, enter the new name of the co	orporation:		
			The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A professional cor		
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADL</u>		<del>-</del>	
		<u></u>	
	<del></del>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
	<del>-</del>		
D. If amending the registered agent and/or register	red office address in Florida, enter the	name of the	
new registered agent and/or the new registered		1141112 1111	
Name of New Registered Agent			
<u> </u>			
	(Florida street address)		
	, , , , , , , , , , , , , , , , , , , ,		
New Registered Office Address:	(City)	, Florida 72	(ip Code)
		·	, "
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		tions of the module	
і петену иссері іне арролишені ах гедімегеа адені.	i am jamaar wan ana accept the oraga	uons of the postuo	74.
Sign	ature of New Registered Agent, if changi	ing	_

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 Mtke 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.

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	<u>Name</u>	Address
1) X Change	P	SUSAN POE	212 E Hillsboro Blvd
Add			253
Remove			Deerfield Beach, FL 33441
2) Change	S	FABIO SCIUBBA	212 E Hillsboro Blvd
X Add			253
Remove			Deerfield Beach, FL 33441
3 ) Change		<u>-</u>	
Add			
Remove			
4) Change		_	
Add			
Remove			
51 Change			
Add			<u> </u>
Remove			·
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)			
				<u> </u>
				<del></del>
	<del></del>			
				-
				_
			<del></del>	
f an amendment provides for an eych provisions for implementing the ame (if not applicable, indicate N/A)	ange, reclassification ndment if not contain	, or cancellation of i	issued shares, at itself:	
				-
	<del> </del>	<del></del>		

	April 10, 2019	
The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this date will be partment of State's records.	I not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were at by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	lopted by the board of directors without shareholder action and shareholder	
action was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated	4/11/19	
Dateu	4/11/19 Jusa Por	
Signature	director, president or other officer – it directors or officers have not been	<u> </u>
	ed, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoi	nted fiduciary by that fiduciary)	
	Susan Pox	
	(Typed or printed name of person signing)	<del></del>
	President	
	(Title of person signing)	<del>,</del>