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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Division of Corporations

Tallahassee, Fl. 32314

P.O. Box 6327

NAME OF CORPO	ORATION: BBS HOLDING C	COMPANY USA INC.		
DOCUMENT NUM	P19000035669	-		
The enclosed .4rticle	es of Amendment and fee are su	sbmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	John W. Camp, II			
		Name of Contact Perso	n .	
	BBS HOLDING COMPANY	Y USA, INC.		
		Firm/ Company		
	P.O. BOX 2536			
		Address		
	BUNNELL, FL 32110			
		City/ State and Zip Cod	<u>e</u>	
тесе	eption@americanimmigrationat	ty.com		
	· -	sed for future annual report	notification)	
For further informati	ion concerning this matter, pleas	se call:		
John W. Camp, H		at ( <u>386</u>	586-6985	
Name	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment 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)	24 PM 4: 50
Mailing Address  Amendment Section		Street Address Amendment Section		

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

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

BBS HOLDING COMPANY USA INC.				
(Name	of Corporation as currently	y filed with the Florida Dept. of State)	)	
P19000035669				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this A	Florida Profit Corporation adopts the fo	ollowing amen	dment(s) to
A. If amending name, enter the new n	ame of the corporation:			
N/A			The	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," or "	Co". A professional corporation name	the abbrevia	ttion
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A S				_
				_
				<del></del>
C - Enter new mailing address if anni	icuble:			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
				_
D. If amending the registered agent ar	nd/or registered office addr	ess in Florida, enter the name of the		,
new registered agent and/or the ne	w registered office address:	<u>E</u>		15.00 15.00
Name of New Registered Agent	N/A		::	
	(Florida stre	vet address)	<u></u>	5.75 5.75 5.75 5.75 5.75 5.75 5.75 5.75
N D 1 1007 411	N/A	***	- 5 - 5	35
New Registered Office Address:	-	, Florida (City)	(Zip Code)	- [3일
			O. C.	즐걸
			-	Š
New Registered Agent's Signature, if c I hereby accept the appointment as regist			sition.	
	\$1	minimal Come Williams		
	Signature of New Ri	egistered 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>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	WILLIAM SJOBERG	608 E. MOODY BLVD.
Add			BUNNELL, FL 32110
X Remove			
2) Change	P	CARLOS CABALLEROS	608 E. MOODY BLVD.
N Add			BUNNELL, FL 32110
Remove			
3 ) Change			
Add			<del></del>
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
A			
6) Change		_	
Add			
Remove			

E. <u>If am</u> (Attac	ending or adding th additional sheets	additional Artic i, if necessary).	les, enter change (Be specific)	e(s) here:			
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. <u>If an</u>	amendment provi	ides for an excha	inge, reclassifica	tion, or cancella	ition of issued s	hares,	
prov	<u>visions for implem</u>	enting the amen	dment if not con	tained in the an	<u>iendment itself:</u>	<u>.</u>	
	(if not applicable,	indicate N/A)					
l/A							
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		<u> </u>	•				
,			<del></del>		-		

The date of each amendment		, if other than the
date this document was signed	May 21, 2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 20 days after amenament fire that	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	ı
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	11
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
hy	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
May 2 Dated	21, 2019	
17accu		
Signature	follow ) 1 x h of	
Se	by a director, president or other officer—if directors of officers have not been elected, by an incorporator—if in the hands of a recover, trustee, or other court oppointed fiduciary by that fiduciary)	
	William Sjoberg	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	