6/24/2021

Division of Corporations

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.

(((H210002483593)))



H210002493593.4BC1

Note: DO NOT his 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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone

: (305)444-4994

Fax Number

: (365)444-4977

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

Email	Address:	 	 

COR AMND/RESTATE/CORRECT OR O/D RESIGN SKYMAX USA CORP

Certificate of Status	U
Certified Copy	U
Page Count	05
Estimated Charge	\$35.00

JUN 2 5 2021

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

Page: 3 of 6

Articles of Amendment
to
Articles of Incorporation
of

	t es		·
to Articles of Incorporation			32.1
	of	•	7×1 0/12
SKYMAX USA CORP			ini Mark
	I Composition as ourrent	ly filed with the Florida Dept. of State)	
·	i Corporation as entrent	To their with the Financia Lychi, or State	770
21000047731			55
	(Decument Number of	of Corporation (if known)	4H 17
Pursuant to the provisions of section 607. is Articles of Incorporation:	1906, Florida Statutes, this	Florida Profit Corporation adopts the following	; amendment(s)
A. If amending name, enter the new no	ime of the corporation:		
			The new
iame must he distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	lorp," "Inc," or "Co".	company," or "incorporated" or the abbreviated A professional corporation name must contain "	n "Corp" I the word
B. Enter new principal office address.		1835 NW 112 AVE	
Principal office address MUST BE A S	TREET ADDRESS )	STE 182	
		MIAMI, FL 33172	
C. Enter new mailing address, if applicable: (Muiling address MAYBE A POST OFFICE BOX)		1835 NW 112 AVE	
		STE 182	
		MIAME, FL 33172	
D. If amending the registered agent an	id/or registered office ado	dress in Florida, enter the name of the	
new registered agent and/or the new	n registered office addres	<u>ss:</u>	
Name of New Registered Agent	CHANGE OF ADDRESS	5	
Marie of the Action and American	1835 NW 112 AVE STE	182	
	(Florida s	treet aidross)	-
	MEASH		
	(Florida s		-
New Registered Office Address:	MIAMI	(City) (Zip C	Codes

 $\Box$  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)

Example:

Please note the officer/director title by the first letter of the office title:

Page: 4 of 6

P = President; V= Vice President; I = Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officeridirector 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 UST 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 on Add

X Change	PT	John Doc	
X Remove	$\underline{\mathbf{y}}$	Mike lones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Nane	<u>Addres</u> s
1) XX Change	Þ	CHANGE OF ADDRESS	1835 NW 112 AVE
			STE 182
Add			MIAMI, 33172
Remove			
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			444100
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

From: Yanet Avila

(Attach additiona	adding additional Articles of sheets, if necessary). If	Be specific)			
				· · · · · · · · · · · · · · · · · · ·	
<u> </u>		***********			
	***************************************	, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			<del></del>		
		<u> </u>			
	11. 2				
<u> </u>					
provisions for	nt provides for an exchan implementing the amoud icable, indicate N/A)	ge, reclassification ment if not contai	n, or cancellation o ned in the amendn	f issued shares, cent itself:	
					······································
				<u></u>	
				···	

Page: 6 of 6

6/23/2021	if refine show the
The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	<del></del>
fno more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	If not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action an action was not required.	d shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	2021. FLL2
"The number of votes east for the amendment(s) was/were sufficient for approval	2021 JUN 24 ALLAHASSE
by	SES P
(voting group)	ĒG: 👡
6/23/2021	
Dated	<u> </u>
Signature 12/ Rosinaire R. Goularte	<u> </u>
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
ROSIMEIRE R. GOULARTE	
(Typed or printed name of person signing)	
i	
(Title of person signing)	