## P940:0041889

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Во	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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EFFECTIVE DATE
May 1,2014

Amend cas

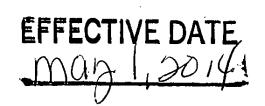
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Trust In	ternational Corporation		
The enclosed Articles of Amendment and fee are			
The enclosed Afficies by Amenument and fee are	submitted for fining.		
Please return all correspondence concerning this	matter to the following:		
Jessica McB	ath		
Trust Interna	Name of Contact Person Ational Corporation		
4495 Military	Firm/ Company  7 Trail, Suite 110		
Jupiter, FL 3	Address 3458		
	City/ State and Zip Code		
contact@trustin	itl com		
	e used for future annual report notification)		
2 man address. (to o	t and for fatale annual report nonnearion,		
For further information concerning this matter, p	lease call:		
James Molnar	,,561 \ 540-4043		
Name of Contact Person	at (561) 540-4043  Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount ma			
□ \$35 Filing Fee & Certificate of Status			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



## **Trust International Corporation**

(Name of Corporation as currently filed with the P94000041889	Florida Dept. of State)	
(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	g amendment(s) to
A. If amending name, enter the new name of the corporation:		
		_The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must of	
B. Enter new principal office address, if applicable:	4495 Military Trail	
(Principal office address MUST BE A STREET ADDRESS)	Suite 110	
	Jupiter, FL 33458	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4495 Military Trail	
(	Suite 110	
	Jupiter, FL 33458	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	lress in Florida, enter the name of the	
Name of New Registered Agent	<u>si</u>	
		7 77
(Florida st	reet address)	
New Registered Office Address: (City,	, Florida (Zip Code)	28
(0.19)	(Esp code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar		<b>18 9 18</b>
Signature of New Registered	Agant if along in a	•

## 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 <math>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	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add Remove			
2) Change			
Remove			
3) Change		-110-140-140-140-140-140-140-140-140-140	
Add			•
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)						
N/A		(20 )	-01-7			
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F 16		h	lassification on	cancellation of is	and shares	
provision	ndment provides for as for implementing	the amendment_if	not contained i	n the amendment	itself:	
	ot applicable, indicate	· N/A)				
N/A 						
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			<del></del>			

The date of each amendment(s) adoption:	, if other than the
May 1, 2014	
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature	
(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)	
James Molnar	
(Typed or printed name of person signing)	
President	
(Title of person signing)	