## P96 0000042150

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	PRATION: CORPAG SERVIC	CES USA, INC.			
DOCUMENT NUN	IBER: P96000042150				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	ENRIQUE TRAVIESO				
	Name of Contact Person				
	CORPAG SERVICES USA, INC.				
	•	Firm/ Company			
	999 BRICKELL AVE, SUITE 820				
	Address				
	MIAMI, FL 33131				
		City/ State and Zip Code	2		
	miaservices@corpag.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further informati	on concerning this matter, plea	se call:at ( 305	3587872		
Name	of Contact Person	at ( Area Co	de & Daytime Telephone Number		
Enclosed is a check	or the following amount made	payable to the Florida Depa	artment of State:		
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)		
Ar Di P.0	nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

## Articles of Amendment to Articles of Incorporation of

FILED 2022 JAH-7 PM 12: 11

CORPAG SERVICES USA, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P96000042150 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: NIA The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) AIN D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent NIA (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

Example:

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.

X Change	<u>P1</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	DTS	DAVID TE BOEKHORST	150 East 58th street
Add	•	-	22nd Floor
X Remove			New York, NY 10155
2) Change	DS	TAMIRES ZIEMBINSKI	999 BRICKELL AVENUE
X Add			SUITE 820
Remove	DT	HENDRIKUS ENGELEN	MIAMI, FL 33131 999 BRICKELL AVENUE
3) X Change			SUITE 820
Add			MIAMI, FL 33131
Remove			<del> </del>
4) Change		<u>.                                    </u>	
Add			<del> </del>
Remove			
5) Change			_
Add			
Remove			
6) Change	***		<del>_</del>
Add			
Remove			

Attach additional sheets, if necessary).	). (Be specific)
ΙΔ	
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	<del></del>
<del></del>	<del></del>
f an amendment provides for an ex-	change, reclassification, or cancellation of issued shares,
provisions for implementing the am	mendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
All	
<del></del>	
	<del></del>

	s) adoption:	, if other than the
date this document was signed.		
Effective date if applicable:	- <del>-</del>	
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements a Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	lder action and shareholder
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amere sufficient for approval.	ndment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by		
•	(voting group)	
Signature "	mi, 01/06/2022	
sele	a director, president or other officer – if directors or officers have needed, by an incorporator – if in the hands of a receiver, trustee, or officially by that fiduciary)	
	ENRIQUE TRAVIESO	
	(Typed or printed name of person signing)	
	DIRECTOR, PRESIDENT	
	(Title of person signing)	