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C.COULLIETTE

MAY 26 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations	€
NAME OF CORPORATION: WORLD	DEPOT, INC.
DOCUMENT NUMBER: P99000	096094.
The enclosed Articles of Amendment and fee are su	ibmitted for filing.
Please return all correspondence concerning this ma	itter to the following:
CESAU J.	H4 S S4 N.
Name	of Contact Person
WOLLD DEPOT,	TNC.
Fit	rm/ Company
10850 NW 218TRE	ET #140
-	Address
N/4M/ =/ 33/4	Ø.
MIAMI, FL 33/4.	tate and Zip Code
CESAR @ WORLD JER E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, plea	se call:
CESAR HASSAN	at (305) 640 6113
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
□ \$35 Filing Fee \$\infty \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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** of

WORLD DEPOT, FNC . (Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number	of Corporation (if kn	own)	
ursuant to the provisions of section 607.1006, Fl mendment(s) to its Articles of Incorporation:	lorida Statutes, this I	Florida Profit Corporation add	opts the follow
. If amending name, enter the new name of the	corporation:		
	N/A		The new
ame must be distinguishable and contain the bbreviation "Corp.," "Inc.," or Co.," or the des ame must contain the word "chartered," "professi	word "corporation," ignation "Corp," "In	"company," or "incorporate," or "Co". A professional	ed" or the
Enter new principal office address, if applical	hla	NA	
Principal office address MUST BE A STREET A			
	• • • • • • • • • • • • • • • • • • • •	•	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	N/A	TTMAY 20 AN IO: 0
. If amending the registered agent and/or regis		in Florida, enter the name of	the $\frac{2}{3}$
new registered agent and/or the new registere	ed office address:	/.	*
Name of New Registered Agent:	\sim	<u> </u>	5
			0
New Registered Office Address:	(Florida street	address)	
	•	ma · s	
	(City)	, Florida (Zip Code)	
	(0.13)	(Lip Coul)	
ew Registered Agent's Signature, if changing R	Registered Agent:		
hereby accept the appointment as registered agent	t. I am familiar with	and accept the obligations of the	ie position.
	N/μ	4	

Signature of New Registered Agent, if changing

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>PD</u>	HASSAN, CESARJ	14410 JOCKE NOLTH DAVIE, FL 335	Add Remove
<u>SM</u>	BI SRUCCIO MARIA	NORTH. DINIE, FL 3.	CICCLE ☐ Add ☐ Remove
	nding or adding additional Articles, en additional sheets, if necessary). (Be sp		N/A
			•
		÷ , .	
provis	mendment provides for an exchange, ions for implementing the amendment not applicable; indicate N/A)	if not contained in the am	
		<u> </u>	
		<u> </u>	
		· · · · · · · · · · · · · · · · · · ·	
	,		

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
PD	HASSAN, CESAE J	10850 NW 21 STREET SUITE # 140 MIANI, FC 33142	Add Remove
<u> 570</u>	DI GRUCCIO, HARI	A . 10850 NW 215 TREET SUITE # 140 MIGHI, FL 33172	Add Remove
	amending or adding additional Artach additional sheets, if necessary).		
F. <u>1</u>	rovisions for implementing the am	change, reclassification, or cancellation or endment if not contained in the amendme	f issued shares, nt itself:
	(if not applicable, indicate N/A)	N/A	

The date of each amendment(s	adoption: 05//8/ ((
•	(date of ddoption is required)
Effective date if applicable:	<u> </u>
	no more than 90 days after amendment file date)
	•
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment sufficient for approval.
The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statem or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	,"
(oting group)
action was not required.	adopted by the board of directors without shareholder action and sharehold adopted by the incorporators without shareholder action and shareholder
Dated	5/18/11
Signature	lift!
	director, president or other officer - if directors or officers have not been
	ed, by an incorporator — if in the hands of a receiver, trustee, or other court
арро	nted figure are that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)