Division of Corporations Electronic Filing Cover Sheet

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(((H21000377169 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : CUBATAX & TRAVEL INC

Account Number : I20180000100

Phone

: (813)493-0199

Fax Number

: (813)354-2432

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN GREAT SLEEP CORP

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Electronic Filing Menu — Corporate Filing Menu

Help

COVER LETTER

TO: Amendment Sect Division of Corpo				
NAME OF CORPOR	RATION: GREAT SLEEP C	ORP		
	P10000014982			
	of Amendment and fee are sub			
Please return all corre	spondence concerning this mat	ter to the following:		
	Ketys Ramirez			
		Name of Contact Person	}	
	CUBATAX & TRAVEL INC			
		Firm/ Company		
	7211 N DALE MABRY HWY STE 200			
		Address		
	TAMPA, FL 33614			
		City/ State and Zip Cod	e	
	TAXCUBA@GMAIL.COM			
	E-mail address: (to be us	ed for future annual report	notification)	
For further information	on concerning this matter, pleas	se cali:		
Ketys Ramirez		813	4930199	
Name	of Contact Person	nt (813) 4930199 Area Code & Daytime Telephone Number		
Enclosed is a check t	or the following amount made	payable to the Florida Dep	eartment of State:	
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
An Dir P.C	niling Address hendment Section vision of Corporations D. Box 6327 Hahassec, FL 32314	Amen Divisi The C 2415	Address dinent Section on of Corporations lentre of Tallahassee N. Monroe Street, Suite 810 bassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

GREAT SLEEP CORP	
(Name of Corporation as c	urrently filed with the Florida Dept. of State)
P10000041982	
(Document Ni	umber of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpora	
name must be distinguishable and contain the word "corpora". Inc., " or Co.," or the designation "Corp." "Inc." or "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Corp.," [Co". A professional corporation name must contain the word [Co"P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	<u>(Y</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	fice address in Florida, enter the name of the address:
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	. Florida
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am	ed Agent: familiar with and accept the obligations of the position.
Signature	nf New Registered Agent, if changing
Check if applicable ☐ The amendment(s) is/are being filed pursuant to 8, 607.0	of New Registered Agent, if changing 120 (11) (e), F.S.

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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 = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one side, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Dae 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 os a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	FIL.	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>\$\times_{\text{\scale}}\tag{\text{\scale}}\tag{\text{\scale}}</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
D Change	VP	RICARDO POZO-PEREZ	4518 W LAMBRIGHT ST
X Add			TAMPA, FL 33614
Remove			
2) Change			
Add			
Remove 3 - Change	from the desires to before the	***************************************	
Add			
Remove			
4) Change	•		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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f an amendment provides for an exchange, reclassification, or cancellation of issued sh provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	nares,
	· · · · · · · · · · · · · · · · · · ·

	idoption:	if other than the
late this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file dote)	
Note: If the date inserted in this document's effective date on the f	bleck does not meet the applicable statutory filing requirement epartment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were acaction was not required.	lopted by the incorporators, or board of directors without shareho	older action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amount flicient for approval.	endment(s)
	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendmen	
"The number of votes eas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
10/8/202		
Dated	Dura -	
Signature	director, president or other officer - if directors or officers have	no: houn
	ed, by an incorporator – if in the hands of a receiver, trustee, or of	
арроі	nted fiduciary by that fiduciary)	
	BARBARA AMORES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

