

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H19000150313 3)))



H190001503133ABCX

Note: DO NOT hit 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 : EAGLE TAX REPRESENTATION, CORP.
 Account Number : I20070000037
 Phone : (954)532-3842
 Fax Number : (954)532-3842

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

Email Address: Paula (o) 2001-tax.com

FILED
 2019 MAY -8 AM 9:27
 SECRETARY OF STATE
 TALLAHASSEE, FL

COR AMND/RESTATE/CORRECT OR O/D RESIGN
CARNEIROJACK 2 CORP

S. TALLENT
 MAY 10 2019

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

05/07/2019 5:58 PM FAX

850-617-6381

5/7/2019 11:32:04 AM PAGE 1/001 FAX SERVICE 00001/0007



May 7, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CARNEIROJACK 2 CORP
1600 SE 3RD CT
DEERFIELD BEACH, FL 33441

SUBJECT: CARNEIROJACK 2 CORP
REF: P18000069885

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

ON PAGE 1 OF 4, AT THE TOP OF THE PAGE PLACE THE NAME OF THE CORPORATION AND THE DOCUMENT NUMBER AND RESUBMIT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

FAX Aud. #: H19000150313
Letter Number: 419A00009130

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CARNEIROJACK 2 CORP

DOCUMENT NUMBER: P18000069885

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MANOEL DA SILVA

Name of Contact Person

CARNEIROJACK 2 CORP

Firm/ Company

3264 W HILLSBORO BLVD

Address

DEERFIELD BEACH FL 33442

City/ State and Zip Code

paulo@cagle-tax.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paulo Oliveira

Name of Contact Person

at (954) 532-3842

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 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

CARNEIRO JACK 2 CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P180000 69 88.5

(Document Number of Corporation (if known))

A. If amending name, enter the new name of the corporation:

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)

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 EAGLE TAX REPRESENTATION, CORP
5493 WILES ROAD STE 105
(Florida street address)

New Registered Office Address: COCONUT CREEK, Florida 33073
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

Page 1 of 4

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 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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	Manoel da Silva	3264 W Hillsboro Blvd
<input type="checkbox"/> Add			Deerfield Beach FL 33442
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	P	Gabriel Henrique Pedro Goncalves	1600 SE 3rd Ct
<input checked="" type="checkbox"/> Add			Deerfield Beach FL 33441
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	VP	Giovanna Marinho Correa	1600 SE 3rd Ct
<input checked="" type="checkbox"/> Add			Deerfield Beach FL 33441
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

05/07/2019 5:58 PM FAX

0006/0007

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

[illegible]

05/07/2019 5:59 PM FAX

0007/0007

The date of each amendment(s) adoption: 05-06-2019, if other than the date this document was signed.

Effective date if applicable: 05-06-2019
(no 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 not be listed as the document's effective date on the Department of State's records.

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)

☐ 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 05-06-2019

Signature Manoel da Silva
(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)

MANOEL DA SILVA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)