12/14/2016

Division of Corporations



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(((H160003062113)))



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cond Request: Originally submitted 12/14/2016.

COR AMND/RESTATE/CORRECT OR O/D RESIGN 1920TAMPA, INC.

Certificate of Status	0
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Page Count	06
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COVER LETTER

Division of Co				
NAME OF CORPORATION: 1920TAMPA, INC.				
DOCUMENT NUM	1BER: P16000059398			
The enclosed Article	s of Amendment and fee are su	ibmitted for filing.		
Please return all com	espondence concerning this ma	tter to the following:		
	Cheyenne Moseley			
		Name of Contact Perso	n	
	LegalZoom.com, Inc.			
		Firm/ Company		
	101 N. Brand Blvd., 11th F	Floor		
		Address		
	Glendale, CA 91203	rtoutona		
		City/ State and Zip Cod	ie	
		•		
sm	a222@yahoo.com			
	E-mail address: (to be u	sed for future annual report	notification)	
For further information concerning this matter, please call:				
Cheyenne Mosele	у	at (-800	, 773-0888 ext. 9724	
Name	e of Contact Person	Area Co	773-0888 ext. 9724 de & 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)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ailing Address		Address Iment Section	
	vision of Corporations		oment Section on all Carporations	
P.(O. Box 6327	Clifton	Building	
Та	Ilahassee, FL 32314		Executive Center Circle	
		រ ជានេក	assee, FL 32301	

Ai	rticles of Amendment	
Art	to icles of Incorporation	
	of	
	1920TAMPA, INC.	
(Name of Corporation as currently filed	with the Florida Dept. of State)	
	P16000059398	
(Document Number of Co.	rporation (if known) .	
·		
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	atutes, this Florida Profit Corporation	i adopts the following amendment(s)
•		
A. If amending name, enter the new name of the corp.	oration:	•
		The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered." "professional association." or the abb	"Inc," or "Co". A professional corp	
D. Entay navy nylmainal office address if an liveble.		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	SSS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Maning wairess MAI BE A POST OFFICE BOX)		
		
		ভিন্ত —
 If amending the registered agent and/or registered new registered agent and/or the new registered off 	office address in Florida, enter the n	name of the
HER TEXISLE OF BEET AND/OF THE HER TEXISLESS OF	ice adoress.	
Name of New Registered Agent		
	(Flurida street address)	
New Registered Office Address:	, Flori	da
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I a		ions of the position
recess were in appointment as registered agent. I di	туштыш жиге ини иссерт не остции	on to the polition
Signature of Man.	Pagistered Agent if changing	

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 Sully Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
l)Change	PD	Saundra V Acosta	51-01 39th Avenue, M15
Add			Sunnyside, NY 11104
Remove			
2) Change	PD	Susanne M Acosta	51-01 39th Avenue, M15
X Add			Sunnyside, NY 11104
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			*
Remove		•	<u></u>
6) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
RCHIOTE			

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E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
,			
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)			

	, if other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	
(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 east 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 11 - 29 - 16	
Signature Sunda Victor - a costa	
(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)	
Saundra Victoria Acosta	
(Typed or printed name of person signing)	
Secretary Secretary	
(Title of person signing)	