

(Requestor's Name)		
(Addres	s)	
(Addres	e)	
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
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OCT 2 0 2016

T. LEMIEUX



COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Augustian Name	i ted Cosp	
DOCUMENT NUMBER: F16000	2002633	
The enclosed Affidavit by Foreign Corporation to submitted for filing.	Change/Add Officer(s) and/or Director(s) and fee are	
Please return all correspondence concerning this n	natter to the following:	
Joffing G. Klein Name of Contact Person		
Joffson G. Kloin R.A. Firm/Company		
301 yarato Road, Suit	1240	
Boca Raton Horida 33 City/State and Zip Code	12431	
Sklein ejkleinlegal. Com E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, ple	ease call:	
Name of Contact Person at (rea Code & Daytime Telephone Number	
Enclosed is a check made payable to the Florida I	Department of State for the following amount:	
\$35.00 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	
1 ananassee, 1 L 32314	2661 Executive Center Circle	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appear	s on the records of the Florida Department of State is:
2. This entity was authorized to transact business in number is <u>\$\frac{1600002633}\$</u>	n Florida on Ob 09 215 and its Florida document
3. This corporation was formed under the laws of _	Nevada
4. The name and address of each officer and/or direction	ector is as follows:
Title: CR	Name and Address Conito Giovanni 1010 Soninole Drive # 1205 fort Lauderdale, flurida, 33304
DST	Omito Potel 3135 Boulevard Graham Town of Hant Royal, Orber H3R-138
(Attach additional p	pages if necessary)
gnature of an officer or director	Chairman Drosident Title of person signing
iovanni (m. to	CH INC FEE 625

Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, FL 32314

CR2E127 (8/08)

Typed or printed name of person signing