## L22373

(Re	questor's Name)	<del>-</del>
(Ad	dress)	
hA)	dress)	
(,,,	41033)	
(Cit	y/State/Zip/Phon	e #)
		_
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(==:	2, ,	,
(Ďo	cument Number)	·
Certified Copies	Certificates	s of Status
		· · · · · · · · · · · · · · · · · · ·
Special Instructions to I	Filing Officer:	

Office Use Only



700215005287

12/12/11--01015--018 \*\*35.00

19 DEC 19 PH 3:21

Amend C.COULLIETTE

DEC 19 2011

**EXAMINER** 

## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Carlo Bay Ente	rprise, Inc.
DOCUMENT NUMBER: <u>1.22373</u>	·
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Linda Dishon	
	Name of Contact Person
Carlo Bay Enterprise, Inc.	
	Firm/ Company
499 Patricia Ave., Suite B	
	Address
Dunedin, Florida 34698	
	City/ State and Zip Code
Linda Diahan@hatmail.com	
<u>Linda Dishon@hotmail.com</u> E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, pl	ease call:
	*** ; ·
Linda Dishon	at ( 727 ) 734-2200
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Department of State:
☑ \$35 Filing Fee & Certificate of Status	<u> </u>
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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2011

LINDA DISHON CARLO BAY ENTERPRISE, INC. 499 PATRICIA AVE., STE B DUNEDIN, FL 34698

SUBJECT: CARLO BAY ENTERPRISE, INC.

Ref. Number: L22373

We have received your document for CARLO BAY ENTERPRISE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to complete and sign the last page of the amendment form. Please correct 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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 811A00027688

PECEIVED IDEC 19 AM 8: 44

DEC 15 2011

## Articles of Amendment to Articles of Incorporation of

(Document Number of Corporation (if known)  Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new 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:  (Florida street address)  New Registered Office Address:  (City)  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.	Carlo Bay Enterprise, Inc  (Name of Corporation as currently filed with	th the Florida Dept. o	f State)		_
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp., "Inc.," or "Co.," or the designation "Corp., "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  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:  Name of New Registered Agent:  (Florida street address)  New Registered Office Address:  (City)  (City)  (Zip Code)	L22373				<del>-</del>
A. If amending name, enter the new name of the corporation:  The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  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:  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)	(Document Number of Corpor	ration (if known)			
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  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:  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)  New Registered Agent's Signature, if changing Registered Agent:		atutes, this <i>Florida Pi</i>	rofit Corporation	adopts the fo	llowing
abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."  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:  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)  New Registered Agent's Signature, if changing Registered Agent:	A. If amending name, enter the new name of the corporate	tion:			
(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:  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)  New Registered Agent's Signature, if changing Registered Agent:	abbreviation "Corp.," "Inc.," or Co.," or the designation and must contain the word "chartered," "professional asso	"Corp," "Inc," or "C	o". A professio		
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:  (Florida street address)  New Registered Office Address:  (City)  (Zip Code)  New Registered Agent's Signature, if changing Registered Agent:	B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	)		<del></del>	
New Registered Office Address:, Florida, Florida, City) (Zip Code)  New Registered Agent's Signature, if changing Registered Agent:	(Mailing address MAY BE A POST OFFICE BOX)  D. If amending the registered agent and/or registered office a		, enter the name		DEC 19 PM
New Registered Office Address:, Florida, Florida, City) (Zip Code)  New Registered Agent's Signature, if changing Registered Agent:	(Flo	orida street address)	<del>.</del>		
			, Florida	(Zip Code)	_
Signature of New Registered Agent, if changing	I hereby accept the appointment as registered agent. I am fa	l Agent: miliar with and accept		of the position.	

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors. If you have more than 6 officers/directors, please list them on an

If REMOVING an officer and/or director, please list the title(s) and name of the officer/director to be removed:

Title(s)	<u>Name</u>	Title(s)	<u>Name</u>
1)		4)	
2)		5)	
3)		6)	

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)	· · · · · · · · · · · · · · · · · · ·			
D. D. P. Amerika are add					
	· · · · · · · · · · · · · · · · · · ·	· <u>-</u>			
	· · · · · · · · · · · · · · · · · · ·				
· · · · · · · · · · · · · · · · · · ·					
				<del>,</del>	
1	<u></u>				
	<del></del>		<del></del>		
	· · · ·				
			<del></del>		
				<del></del>	
	**************************************	<del>_</del>			
		<del></del>		<del></del>	
		· · · · · · · · · · · · · · · · · · ·			
				<u> </u>	

provisio	endment provides for an exchange, reclassification, or cancellation of issued shares, ns for implementing the amendment if not contained in the amendment itself:	
(if no	ot applicable, indicate N/A)	
•		
*****		
	D	X,
The date of	each amendment(s) adoption: December 7, 2011	X,
Effective dat	te <u>if applicable</u> :  (no more than 90 days after amendment file date)	
	(included states of the states	
4 Adoption of	Amendment(s) (CHECK ONE) *	
[] []	June 140 may be about a distribution of value cost for the amendment(s)	
	dment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) areholders was/were sufficient for approval.	
	1 (2) to a second back at a land allow the selection are second. The following existence of	
must be s	dment(s) was/were approved by the shareholders through voting groups. The following statement eparately provided for each voting group entitled to vote separately on the amendment(s):	
	e number of votes cast for the amendment(s) was/were sufficient for approval	
by _	(voting group)	
	dment(s) was/were adopted by the board of directors without shareholder action and shareholder	
	dment(s) was/were adopted by the board of directors without shareholder action and shareholder is not required.	
	·	
	dment(s) was/were adopted by the incorporators without shareholder action and shareholder sont required.	
action was	i i i	
	Dated 12/16/1/	
		4
	Signature  By a director, president or other officer – if directors or officers have not been	<u> </u>
	selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	appointed fiduciary by that fiduciary)	
	SAM C Colupai	
	(Typed or printed name of person signing)	
	· ·	
	PRESIDENT (Title of person signing)	
	(title of beisen signing)	