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Anond N.C.

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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: STEVEN G ROSEN, CPA, PA	
DOCUMENT NUMBER: L70268	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Contact Person CURSICA EAPITAL CORP FINA STEVEN G ROSEN, CPA PA Firm/Company	
12516 NW 567H 57REE7 Address	
CORAL SPRINGS FL 33076 City/ State and Zip Code 56RCPA @ BELLSOUTH, NFT E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
STEUEN & ROSEN at (954) 461 7940 Ext 3) Name of Contact Person Area Code & Daytime Telephone Number	
Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee	ed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	ROSEN, CPA		
(Name of Corporation as curr	ently filed with the Florids	Dept. of State)	
L 70	268		
·	mber of Corporation (if know	wn)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this <i>Fl</i>	orida Profit Corporation ad	lopts the following
A. If amending name, enter the new name of	of the corporation:		
CORSICA CAPI	TAL CORP		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc, ofessional association," or	," or "Co". A professional	sted" or the ! corporation
B. Enter new principal office address, if ap (Principal office address MUST BE A STREE			
	414		= \$2
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			FEB 28 PH 2:08
D. If amending the registered agent and/or new registered agent and/or the new reg		n Florida, enter the name o	real to a
New Registered Office Address:	(Florida street a	ddress)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if chang I hereby accept the appointment as registered		A nd accept the obligations of	the position.
	Signature of New Registered	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)

<u>Title</u>		<u>Name</u>				Address		•	Type of Action	į
	_								☐ Add ☐ Remove	
					 -				☐ Add ☐ Remove	
<u>.</u>		· · · · · · · · · · · · · · · · · · ·			- - -				☐ Add ☐ Remove	
		g or adding adional sheets, if				ange(s) hei	<u></u>			
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F. <u>If</u>	<u>ovisions</u>	dment provide for implement applicable, indic	ing the	amendm	ge, reclass ent if not	ification, c contained	or cancellation in the amendr	of issument its	ed shares, elf:	
					·-····································			**		

The date of each amendment(s) adoption: FEB 22, 2011
	(date of adoption is required)
Effective date <u>if applicable</u> :	(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 by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	. 29
	voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
Dated	FFB 22, 2011
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	STEVEN & ROSEN
	STEUEN & ROSEN (Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

EXHIBIT A - AMENDED ARTICLES

ARTICLE I. NAME

The name of the corporation shall be:

Corsica Capital Corp

The principal place of business of the corporation shall be

12516 NW 56th Street Coral Springs, Florida 33076-3472

ARTICLE ii. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.