

N18000 011 752

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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S TALLENT

AUG 22 2019

FILED  
2019 AUG 21 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

*Shaw*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 8, 2019

AGUSTIN QUILES  
10624 VISTA DE SOL CIRCLE  
CLERMONT, FL 34711

SUBJECT: MISSION TALK INC.  
Ref. Number: N18000011752

We have received your document 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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

Letter Number: 919A00016313

RECEIVED  
2019 AUG 21 AM 10:49

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

Mission Talk Inc.

NAME OF CORPORATION: \_\_\_\_\_

N18000011752

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Agustin Quiles

\_\_\_\_\_  
(Name of Contact Person)

Mission Talk Inc

\_\_\_\_\_  
(Firm/ Company)

10624 Vista del Sol Circle

\_\_\_\_\_  
(Address)

Clermont, Florida, 34711

\_\_\_\_\_  
(City/ State and Zip Code)

agustinquiles3@gmail.com

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

For further information concerning this matter, please call:

Agustin Quiles

(407)

683-6830

\_\_\_\_\_  
(Name of Contact Person)

at \_\_\_\_\_  
(Area Code) (Daytime Telephone Number)

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

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|--|--|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building

**Articles of Amendment  
to  
Articles of Incorporation  
of**

Mission Talk Inc.

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

N18000011752

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**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:

N/A

N/A

New Registered Office Address:

(Florida street address)

N/A

N/A

(City)

Florida

(Zip Code)

**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

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STATE OF FLORIDA

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:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	<u>S</u>	<u>Doris E. Rodriguez</u>	<u>3751 Conroy Rd</u>
<input type="checkbox"/> Add			<u>Apt. 2336</u>
<input checked="" type="checkbox"/> Remove			<u>Orlando, FL 32839</u>
2) <input type="checkbox"/> Change	<u>VP</u>	<u>Cristina Diaz</u>	<u>10624 Vista del Sol Circle</u>
<input type="checkbox"/> Add			<u>Clermont, FL 34711</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>T</u>	<u>David Rivera</u>	<u>4510 Highfalls Dr.</u>
<input checked="" type="checkbox"/> Add			<u>Valrico, FL 33594</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>S</u>	<u>Omar Johnson</u>	<u>1211 Jaguar Ct.</u>
<input checked="" type="checkbox"/> Add			<u>Winter Springs, FL 32708</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

N/A

Page 3 of 4

N/A

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed. N/A

Effective date if applicable: \_\_\_\_\_  
(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 members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

July 24th, 2019

Dated

Signature

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Agustin Quiles

(Typed or printed name of person signing)

President

(Title of person signing)