

P000000048754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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FILED  
08 JUL -2 PM 3:52  
TALLAHASSEE, FLORIDA

Name change

Sf 7/2



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2008

INTERCONTINENTAL MONEY TRANSFERS, INC.  
6289 W SUNRISE BLVD., SUITE 114  
SUNRISE, FL 33313

SUBJECT: INTERCONTINENTAL MONEY TRANSFERS, INC.  
Ref. Number: P00000048754

We have received your document for INTERCONTINENTAL MONEY TRANSFERS, 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):

The name of the corporation before the name change amendment should be reflected in the heading of the document.

The document should have an original signature.

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) 245-6901.

Susan Payne  
Senior Section Administrator

Letter Number: 308A00036397

RECEIVED  
2008 JUL -2 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 3, 2008

INTERCONTINENTAL MONEY TRANSFERS, INC.  
6289 W SUNRISE BLVD., SUITE 114  
SUNRISE, FL 33313

SUBJECT: INTERCONTINENTAL MONEY TRANSFERS, INC.  
Ref. Number: P00000048754

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne  
Senior Section Administrator

Letter Number: 108A00034398

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **INTERCONTINENTAL MULTISERVICE, INC.**

DOCUMENT NUMBER: **P00000048754**

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

Please return all correspondence concerning this matter to the following:

MARINA MARRUGO

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

INTERCONTINENTAL MULTISERVICE, INC.

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

6289 W SUNRISE BLVD., # 114

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

SUNRISE FL 33031

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

For further information concerning this matter, please call:

MARINA MARRUGO

(954) 993-3810

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

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

Enclosed is a check for the following amount:

☐ \$35 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 Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

INTERCONTINENTAL MONEY TRANSFER, INC.

P000000 48754

INTERCONTINENTAL MULTISERVICE, INC.

FILED  
JUL -2 PM 3 52  
08  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

(continued)

The date of each amendment(s) adoption: 05/29/2008

Effective date if applicable: 05/29/2008  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were approved 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 cast 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.

Signature x Marina Marrugo  
(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)

MARINA MARRUGO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35