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(((H160001544763)))



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Division of Corporations

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Account Name : CLARA GIRALDO, P.A.

Account Number : I19990000017

Phone

: (305)485-9300

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COR AMND/RESTATE/CORRECT OR O/D RESIGN CORZAN, INC.

Certificate of Status	0
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Page Count	05
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June 27, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COREAN, INC. 4510 SW 74 AVE MIAMI, FL 33155

SUBJECT: CORZAN, INC. REF: P01000000635

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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 $(850)\ 245-6050$.

Carol Mustain Regulatory Specialist II FAX Aud. #: H16000154476 Letter Number: 716A00013422



H160001544763

Articles of Amendment to Articles of Incorporation of

CORZAN ,INC.			
(Name	of Corporation as curren	tly filed with the Florida Dept,	(State)
P01000000635			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation ado	ints the following amendment(s)
A. If amending name, enter the new p	ame of the corporation:		•
			The new
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associations of the control of t	nation "Corp," "Inc," or	"Co". A professional corporati	sted" or the abbreviation on name must contain the
B. Enter new principal office address.	if annticable:	7787 SW 86 ST UNIT E-40.	
(Principal office address MUST BE A S		M1AMJ,PL 33143	A LE TI
			27 P
		, , ,	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7787 SW 86 ST UNIT 5-40.	
		MIAMI,FL 33143	强 2 2
D. It amending the registered agent as new registered agent and/or the ne	<u>xd/or registered office ad</u> w registered office addre	dress in Florida, enter the name	of the
Name of New Registered Agent			
The of the Magazine of Magazine	7787 SW 86 ST UNIT E	-405	,
		treet address)	
New Registered Office Address:	MIAMI	•	Torida 33143
		(Cliv)	(Zip Code)
New Registered Agent's Signature, if e	hanging Registered Agen	(Civ)	(Zip Code)
	•	,	,,
	Signature of New	Registered Agent, if changing	

CLARA GIRALDO P.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300 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 hald. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Due 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.

X Change	PT Jo	<u>hn Doe</u>	
X Remove	Y M	ike Jones	
_X Add	SV Sa	lly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PD	ROBERTO CORTIZA	4510 SW 74 AVE
Add X Remove			MIAMI F1, 33155
2) Change	PD	ROBERTO CORTIZA	7787 SW 36 ST UNIT E-405
XAdd			MIAMI,F1. 33143
Remove			
3) Change			
Add			
Romove			
4) Change	····		
., Add			
Remove			4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
.5) Change		- Control of the Cont	
Add			- the state of the
Remove			
6) Change	 -		
Add			.,
Remove			· <u></u> · · · · · · · · · · · · · · · · · ·

CLARA GIRALDO P.A. 4080 SW 84 AVENUE SUITE C MIANI, FL 33155 PH.: (305) 485-9300

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E. 1f amending or adding additional Articles, enter change(s) here:	• •
(Attach additional sheets, if necessary). (Be specific)	
The type	
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And the second s	····-
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F. If an amendment provides for an exchange, reclassification, or cancellation of issued s provisions for implementing the amendment if not contained in the amendment itself	
(if not applicable, indicate N/A)	-
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06/26/2016 23:58	3054851098	CLARA GIRALDO P.A	PAGE 06 H160001544-165
The date of each amendmon date this document was signe			, if other than the
Effective date <u>if applicable</u>	(no nu)	re than 90 days after amendment file date)
	this block does not meet t	he applicable statutory filing requirement	
Adoption of Amendment(s)	(CHECK OF	NE)	
	ere adopted by the sharehold were sufficient for approval.	ders. The number of votes east for the am	endment(s)
The amendment(s) was/w	ere approved by the shareho ded for each voting group or	dders through voting groups. The followin titled to vote separately on the anendine	ng statement nt(s):
"The number of vot	es cast for the amendment(s)) was/were sufficient for approval	
by	(voting group	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		directors without shareholder notion and s	thareholder
The amendment(s) was/was/ton was not required. Dated Signature	6/24/16	ators without shareholder action and share	ilpl de r
<u></u>	(By a director, president or a selected, by an incomporator appointed fiduciary by that t		not been other court
	Robe, (Typed o	r printed name of period signing) YOSI OLA (Title of period signing)	
•		(Title of person signing)	