P01000092453

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



000255860410

01/31/14--01006--010 **35.00

MANNE Change Change of the Signature of

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: CLASSICA & TELECAR, COTP DOCUMENT NUMBER: PO 10 000 92453
DOCUMENT NUMBER: PO 10 000 92453
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 Classick & Tele can Corp. Firm/ Company 12355 Collier Blud Unit C. Address Naples FL. 34114 City/ State and Zip Code Classicatelegard Qyahoo, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANTONIO J. GATUA al 239, 692.4860
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 Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mading 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

Articles of Amendment

to

Article	es of	Incorp	oration

Classica a le lecare, Com	0
(Name of Corporation as currently theo with the Florida Dept. of State)	
Po10000 92453	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the follits Articles of Incorporation:	owing amendment(s) to
A. If amending name, enter the new name of the corporation: CASICA & TELECARD CORP- name must be distinguishable and contain the word "corporation." "company," or "incorporated" or to "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name in word "chartered," "professional association." or the abbreviation "P.A."	The new he abbreviation nust contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Naples, FL. 34	Ilud Unit.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Naples, FL. 34	 ud Unit C. 1/16
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	14 JAH 3 I
New Registered Office Address: (City) (Florida street address), 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 positi	tion.
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)

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: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One) 1) Change Add Remove	<u>Title</u>	Name A	Address
2) Change Add Remove			
3) Change Add Remove			
4) Change	************		
7) Change Add			
Remove 6) Change Add Remove	***************************************		

y	necessary). (Be specific)	
	. \ / ,	
	N/A	1
	17/7	
	<u> </u>	
7,7,7,7		
***************************************		***
		· · · · · · · · · · · · · · · · · · ·
an amendment provide	for an exchange, reclassification, or cancellation of	issued shares.
rovisions for implement	ing the amendment if not contained in the amendme	nt itself:
(if not applicable, ind	icate N/A) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	NIA	

The date of each amendment(s) adoption: 01/27/2014 date this document was signed.	, if other than the
Effective date if applicable: $0(\sqrt{27}/2019)$ (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted 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)	
(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.	
DatedSignature	
(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)	
Inirida Sandoval	
(Typed or printed name of person signing)	
PSDT	
(Title of person signing)	