

To:

Page: 3 of 8

2022-09-01 13:20:33 GMT

13058917717

From: Law Offices Tony Pornprinya

8/31/22, 10:40:11 AM

Division of Corporations

PO2 000122137

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000297362 3)))



H220002973623ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LAW OFFICES TONY PORNPRINYA
Account Number : I20010000164
Phone : (305)893-8989
Fax Number : (305)891-7717

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

2022 SEP - 1 AM 9:37

2022 SEP - 1 PM 1:08

FILED

850-617-6381

9/1/2022 7:15:00 AM PAGE 1/001 Fax Server



August 31, 2022

FLORIDA DEPARTMENT OF STATE
Division of CorporationsMANGOSTINE, INC.
1935 HARRISON STREET
HOLLYWOOD, FL 33020SUBJECT: MANGOSTINE, INC.
REF: P02000122137

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 list the title for the people being added to the corporation.

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.

Tammi Cline

Regulatory Specialist II Supervisor

FAX Aud. #: H22000297362

Letter Number: 822A00019495

2022 SEP -1 PM 1:08

FILED

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MANGOSTINE, INC.
(Name of Corporation)

DOCUMENT NUMBER: PD2000122137

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tony Pomprinya
(Name of Person)

Law Office of Tony Pomprinya
(Name of Firm/Company)

1555 NE 123rd Street
(Address)

North Miami FL 33161
(City/State and Zip Code)

For further information concerning this matter, please call:

Tony Pomprinya at (305) 893-8989
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 SEP - 1 PM 1:08

FILED

TALLAHASSEE, FL

Articles of Amendment
to
Articles of Incorporation
of

MANGOSTINE, INC.

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

P02000122137

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "company," or "incorporated" or the abbreviation "Corp." "Inc." or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "professional" or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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 _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (1) (c), F.S.

2022 SEP - 11 PM 1:08
FILED
TAMPA, FLORIDA
CLERK OF CIRCUIT COURT

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:

☒ Change PT John Doe
☐ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	VPD	Sutat Kuntongprai	1935 Harrison Street
<input type="checkbox"/> Add			Hollywood FL 33020
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	VPS	Sasipan Ngammongkolwong	1935 Harrison Street
<input checked="" type="checkbox"/> Add			Hollywood FL 33020
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	VPS	Arnuparb Boonfoo	1935 Harrison Street
<input checked="" type="checkbox"/> Add			Hollywood FL 33020
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

2022 SEP - 1 PM 1:09
 TALLAHASSEE, FL

FILED

The date of each amendment(s) adoption: August - 30, 2022, if other than the date this document was signed.

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 incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ 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)"

Dated _____

Signature _____

(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)

Aumpai Sumonthee
(Typed or printed name of person signing)

President
(Title of person signing)

FILED
2022 SEP - 1 PM 1:09
DEPARTMENT OF STATE
TALLAHASSEE, FL