

PD6000099182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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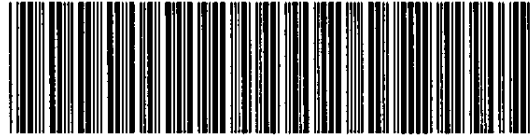
(Business Entity Name)

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13 JUL 22 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 25 2013

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 12, 2013

FRANK J. GUIDA / INTERNATIONAL MANAGEMENT & EXEC SERV  
PO BOX 941708  
MAITLAND, FL 32794-1708

SUBJECT: SISTINA TRAVEL FLORIDA, INC.  
Ref. Number: P06000099182

We have received your document for SISTINA TRAVEL FLORIDA, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 613A00017099

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** SISTINA TRAVEL FLORIDA INC

**DOCUMENT NUMBER:** P06000099182

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

Please return all correspondence concerning this matter to the following:

FRANK J GUIDA

Name of Contact Person

INTERNATIONAL MANAGEMENT AND EXEC. SERVICES LLC

Firm/ Company

PO BOX 941708

Address

MAITLAND, FL 32794-1708

City/ State and Zip Code

GUIDA@CPACONSULTANT.COM

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

For further information concerning this matter, please call:

FRANK J GUIDA

Name of Contact Person

at ( 407 )

539-0031

Area Code & Daytime Telephone Number

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

☐ \$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 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  
Articles of Incorporation  
of

SISTINA TRAVEL FLORIDA INC

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

P06000099182

(Document Number of Corporation (if known))

FILED  
13 JUL 22 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 "chartered," "professional association," 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)

PO BOX 941708

MAITLAND, FL 32794-1708

**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

INTERNATIONAL MANAGEMENT AND EXEC. SERVICES LLC

500 N MAITLAND AVENUE SUITE 215

(Florida street address)

New Registered Office Address:

MAITLAND

(City)

, Florida 32751

(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

**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                      PT      John Doe

X Remove                    V        Mike Jones

X Add                         SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>    </u> Change <u>    </u> Add <u>X</u> Remove	<u>PTD</u>	<u>SALVATORE MARASCIA</u>	<u>1110 BANKS ROSE CT</u> <u>CELEBRATION, FL 34745</u>
2) <u>    </u> Change <u>X</u> Add <u>    </u> Remove	<u>DC</u>	<u>SALVATORE MARASCIA</u>	<u>1110 BANKS ROSE CT</u> <u>CELEBRATION, FL 34745</u>
3) <u>    </u> Change <u>X</u> Add <u>    </u> Remove	<u>TS</u>	<u>FLORIANA GINI</u>	<u>1110 BANKS ROSE CT</u> <u>CELEBRATION, FL 34745</u>
4) <u>    </u> Change <u>X</u> Add <u>    </u> Remove	<u>VP</u>	<u>DELL'ISOLA ROBERT PAUL</u>	<u>1110 BANKS ROSE CT</u> <u>CELEBRATION, FL 34745</u>
5) <u>    </u> Change <u>    </u> Add <u>    </u> Remove	<u>    </u>	<u>    </u>	<u>    </u> <u>    </u> <u>    </u>
6) <u>    </u> Change <u>    </u> Add <u>    </u> Remove	<u>    </u>	<u>    </u>	<u>    </u> <u>    </u> <u>    </u>

**E. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

[illegible]

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: 6/30/2013

Effective date if applicable: 6/30/2013

(no more than 90 days after amendment file date)

**FILED**  
13 JUL 22 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

☐ 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.

Dated 7/2/2013

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)

SALVATORE MARASCIA

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)