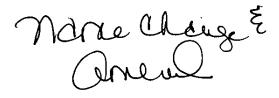
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Christ	ophe L. DiFalco, ((Name of Resultin	Corp. ng Florida Profit Corporatio	n)
			and fees are submitted to tion" in accordance with s.
Please return all corr	espondence concerning	g this matter to:	
Christophe L. DiFalco	(Contact Person)		
Christophe L. DiFalco,	Corp. (Firm/Company)	•	
4000 Towerside Terra	ce, Unit 1502 (Address)		
Miami, FL 33138	City, State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	
For further informati	on concerning this ma	tter, please call:	
Christophe L. DiFalco		at (917 <u>) 533</u>	-5339
(Name of Co	ntact Person)	(Area Code and Da	ytime Telephone Number)
Enclosed is a check	for the following amou	int:	
\$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	☐\$113.75 Filing Fees and Certified Copy	☑ \$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	S:	MAILING A	ADDRESS:
Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	ter Circle	Registration of C Division of C P. O. Box 63: Tallahassee,	Corporations 27



March 2, 2009

Christophe L. DiFalco Christophe L. DiFalco, Corp. 4000 Towerside Terrace, Unit 1502 Miami, FL 33138

SUBJECT: CHRISTOPHE L. DIFALCO, P.A.

Ref. Number: P07000061742

We have received your document for CHRISTOPHE L. DIFALCO, P.A. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. You will need to file articles of amendment in order to change the name of the corporation. I have enclosed the correct form for you to fill out and return to us.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 409A00007096

RECEIVED 2009 MAR 10 AM 8: 00 SECRETARY OF STATE ALLAHASSEE. FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:Christo	phe L. DiFako, P.	4.
DOCUMENT NUMBER: PO 7000		
The enclosed Articles of Amendment and fee ar	e submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Christophe L. I	(Falco of Contact Person)	
Christophe L. Diff	alio, Corp. m/Company)	
	race - Unit 1502	
Miani, FL 331 (City/Si		
For further information concerning this matter,	•	
Christophe L. DiFalco (Name of Contact Person)	at (917) 533- (Area Code & Daytime	S339 Telephone Number)
Enclosed is a check for the following amount m		
S35 Filing Fee \$\bigcup \$43.75 Filing Fee &\bigcup Certificate of Status	S43.75 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 Ci	Plevios Chulein

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

2009 MAR 10 AM 11: 36

(Zip Code)

Christophe L. DiFalco, P.A.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
Po7000061742	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi following amendment(s) to its Articles of Incorporation:	s Florida Profit Corporation adopts the
A. If amending name, enter the new name of the corporation:	
Christophe L. DiFalco, Corp. The new name must be distinguishable and contain the word	
The new name must be distinguishable and contain the word "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or "Co". A professional corporation name must contain the association," or the abbreviation "P.A."	the designation "Corp," "Inc," or
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:	ss in Florida, enter the name of the

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

(Florida street address)

(City)

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) **Title** Name Address . **Type of Action** ☐ Add ☐ Remove ☐ Add ☐ Remove □ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Please See attached. 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)

The	e date of each amendment(s) adoption: Warch 9, 2009
Eff	(no more than 90 days after amendment file date)
Ad	option of Amendment(s) (CHECK ONE)
Żά	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"
	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
	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)
	Christophe L. DiFalco (Typed or printed name of person signing)
	Chairmen and President (Title of person signing)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Christophe L. DiFalco, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4000 Towerside Terrace Unit 1502 Miami, FL 33138

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any legal purpose.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares, no par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Christophe L. DiFalco, Chairman and President 4000 Towerside Terrace Unit 1502 Miami, FL 33138

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Christophe L. DiFalco 4000 Towerside Terrace, Unit 1502 Miami, FL 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christophe L. DiFalco 4000 Towerside Terrace, Unit 1502 Miami, FL 33138

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

2019 3/9/09

Date

2008/09 3/9/09

Date