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.

(((H14000237436 3)))



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 : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099

Phone : (813)932-5244

Fax Number : (813)932-3782

**Enter	the	email	address	for	this	business	entity	to	be	used	for	future
						only one						

Email Address:_____

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

Certificate of Status	0
Certified Copy	0
Page Count	06-7
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



October 9, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PARADISO GROUP, INC. 4207 GRAINARY AVE TAMPA, FL 33624

SUBJECT: PARADISO GROUP, INC.

REF: P07000063468

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.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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.

Darlene Connell Regulatory Specialist III FAX Aud. #: H14000236590 Letter Number: 214A00021627

RECEIVED

14.0CT-9 PM 1:58

UNISON PROPERTY OF TAIL OF TAIL OF THE PROPERTY OF

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION:	PARADISO GROUP, INC	•				
DOCUMENT NU	MBER:	P0700006346B					
The enclosed Artic	tles of Amendment and fee a	re submitted for filing.					
Please return all co	rrespondence concerning thi	s matter to the following:					
	JE	SSICA BROWNING					
	. N	ame of Contact Person	,				
	CONTRACTORS	REPORTING SERVICE, INC	<u>: </u>				
		Firm/ Company					
	1379	5 N Nebraska Ave					
•		Address					
		ampa, FL 33613 ity/State and Zip Code					
		IVATEMYLICENSE, COM d for future annual report nonfication)					
For further informs	ation concerning this matter,						
	SICA BROWNING	at(813) 932-	5244				
Name	of Contact Person	Area Code & Daytime Tele	phone Number				
Enclosed is a check	k for the following amount m	nade payable to the Florida Depart	ment of State:				
₩\$35 Filing Pec	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certifled Copy (Additional copy is enclosed)	☐ \$52.50 Filing For Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Ar Amendmen		Street Address Amendment Section Division of Compositions					
P.O. Box 6		Division of Corporations Clifton Building					
Tallahassee			2661 Executive Center Circle				

Articles of Amendment to Articles of Incorporation of

PARADISO GROUP, INC.

To:

(Name of Corporation as currently filed with the Florida Dept. of State) P07000063468

(Documen	t Number of Corporation	on (if known)			
Pursuant to the provisions of section 607.1006, Famendment(s) to its Articles of Incorporation:	Torlda Statutes, this F	lorida Profit Corporation	adopts t	he fol	lov
A. If amending name, enter the new name of the	e corporation;				
				e nev	
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the desname must contain the word "chartered," "profess	signation "Corp," "Inc	c," or "Co". A profession	rated" (al corpo	or the Fation	! !
B. Enter new principal office address, if applies (Principal office address MUST BE A STREET A					
			[]	14	
			• • • ;	007	
C. Enter new malling address, if applicable: (Malling address MAY BE A POST OFFICE	BQX)			6-1	
			*	-5	i
				€:	
D. If amending the registered agent and/or registered agent and/or the new register		n Fjorida, enter the name	<u>of the</u>	2	
Name of New Registered Agent:					
New Registered Office Address:	(Florida street d	address)			
		, Florida			
	(City)	(Zip Code)			
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen		and accept the obligations o	f the pos	ition.	
Sign	ature of New Registere	d Agent, if changing			

If amending the Officers and/or Directors, enter the title and name or each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

To:

Title	<u>Name</u>	Address.	<u>Tyr</u>	e of Action
<u>T</u>	PARADISO, JANINE	4207 GRAINARY AVE TAMPA, FL 33624		Add Remove
<u>s</u>	FARADISO, MARISSA	4207 GRAINARY AVE TAMPA. PL 33624		Add Remove
			_	Add Remove
				Add
				Remove Add
			_	Remove
			a	Add
				Remove
	ional sheets, if necessary). (Be sp			
provisions	dment provides for an exchange, for implementing the amendmen applicable, indicate N/A)	reclassification, or cancellation of issued shares, til not contained by the amendment itself:		
			<u> </u>	
				

			-	
"The number of votes cast for the a	mendment(s) was	/were sufficient for	approva!	
by		,,,		
(voting group	p)			
The amendment(s) was/were adopted by action was not required.	the board of dire	ctors without share	holder action	n and shareholde

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 10/08/2014

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)

PASQUALE PARADISO
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)