20800018/26

(Requestor's Name) (Address)	4002
(Address)	
(City/State/Zip/Phone #)	08/0:
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	March di

Office Use Only



400237812364

08/01/12--01031--003 **52.50



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: CASTIGL	IONE É ASSO	CIATES, INC.
DOCUMENT NUMBI	00000	0018126	,
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
- -	FRANK CA	STIGLIONE	-
<u>(</u>	CASTIGLION	Name of Contact Person $ \begin{array}{ccccccccccccccccccccccccccccccccccc$	
	10715 V	Firm/Company	BLVD.
Ī	NellingTo	N, FL	33449
FO	E-mail address: (to be us	City/ State and Zip Cod	SEONE. COM
FRANK C	Contact Person	1E at 561	1 333-7785 de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Maili	ng Address	Street	A ddress

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

Amendment Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment
Articles of Incorporation
CASTIGLIONE ÉASSOCIATES, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
<u> 408000018126 </u>
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
N/A 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)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered office address:
Name of New Registered Agent FRANK CASTIGLIONE
10715 VERSAILLES BLVD. (Florida street address)
New Registered Office Address: Wellington Florida 33449 (City) (City)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Signature of New Realstered 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 I	<u>Doe</u>	
X Remove	<u>v</u>	Mike .	Jones .	
X Add	<u>sv</u>	Sally S	Smith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change Add Remove	P	_	FRANK CASTIGLIONE	Wellinston, FL
2) Change Add Remove	I		SARA CASTIGLIONE	10715 Versailles BLVD Wellington, FL 33449
3) Change Add Remove		- -		
4) Change Add Remove				
5) Change Add Remove		_		
6) Change Add Remove				

	g or, adding additional Articles, enter change(s) here: itional sheets, if necessary). (Be specific)	
.1/1		
NIT		
- 		
		
		
		
		-
TA		
provision	dment provides for an exchange, reclassification, or cancellation of issued shares, for implementing the amendment if not contained in the amendment itself:	
(if not	applicable, indicate N/A)	
FRANK	CASTIGLIONE HAS 100% OWNERSHIP HARES OF CASTIGLIONE & ASSOCIATES	0 0 6
۸۱۱ <	HARRIE DE PAGE LA EASSOCIATION	
411 3	HARES OF LASTIGLIONE, ASSOCIATES	
 		

The date of each amendment(s) adoption: Tuly 25, 2012	
Effective date if applicable: NA (no more than 90 days after amendment file date)	
(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(by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statements to be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"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 sharehold action was not required.	er
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated July 25, 2012	
Signature first Collins	
(Dy 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 cou	
appointed fiduciary by that fiduciary)	a c
tout Pariarione	
(Typed or printed name of person signing)	
TRESIDENT	
(Title of person signing)	