

P08000037340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

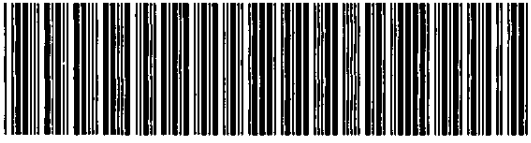
(Business Entity Name)

(Document Number)

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13 JAN 30 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SAROBA CORP.

DOCUMENT NUMBER: P08000037340

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

Please return all correspondence concerning this matter to the following:

JM ROBERT RHAU

Name of Contact Person

SAROBA CORP.

Firm/ Company

1000 ISLAND BLVD. APT 706

Address

AVENTURA, FL 33160

City/ State and Zip Code

MARIEYOLETTERHAU@AOL.COM

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

For further information concerning this matter, please call:

MARIE YOLETTE RHAU

Name of Contact Person

at ( 305 ) 613-4515

Area Code & Daytime Telephone Number

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

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|--|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
Box 6327  
Tallahassee, FL 32314

**Street Address**

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

RECEIVED

13 JAN 15 AM 9:42

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 16, 2013

JM ROBERT RHAU  
SAROBA CORP  
1000 ISLAND BLVD APT 706  
AVENTURA, FL 33160 US

SUBJECT: SAROBA CORP.  
Ref. Number: P08000037340

We have received your document for SAROBA CORP., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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) 245-6820.

Rebekah White  
Regulatory Specialist

Letter Number: 613A00001262



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 16, 2013

JM ROBERT RHAU, JR.  
SAROBA CORP  
1000 ISLAND BLVD APT 706  
AVENTURA, FL 33160 US

SUBJECT: SAROBA CORP.  
Ref. Number: P08000037340

We have received your document for SAROBA CORP., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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If you have any questions concerning the filing of your document, please call (850) 245-6820.

Rebekah White  
Regulatory Specialist

Letter Number: 613A00001262

RECEIVED

13 JAN 29 AM 11:11

DEPARTMENT OF STATE

[www.sunbiz.org](http://www.sunbiz.org)

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
13 JAN 30 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SAROBA CORP.

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

P08000037340

(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 "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**)

C/O MARIE YOLETTE RHAU  
1000 ISLAND BLVD. APT 706  
AVENTURA, FL 33160

**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

**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

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>V</u>	<u>SARA LEVEQUE-RHAU</u>	<u>1000 ISLAND BLVD. APT 706</u> <u>AVENTURA, FL 33160</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>MARIE YOLETTE RHAU</u>	<u>1000 ISLAND BLVD. APT 706</u> <u>AVENTURA, FL 33160</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <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	_____	_____	_____



The date of each amendment(s) adoption: 01/09/2013

Effective date if applicable: 01/09/2013  
*(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(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 01/09/2013

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)*

**ROBERTA RHAU**  
\_\_\_\_\_  
*(Typed or printed name of person signing)*

**SECRETARY**  
\_\_\_\_\_  
*(Title of person signing)*



**Detail by Entity Name**

**Florida Profit Corporation**

SAROBA CORP.

**Filing Information**

Document Number P08000037340  
FEI/EIN Number N/A  
Date Filed 04/11/2008  
State FL  
Status ACTIVE  
Effective Date 04/10/2008  
Last Event REINSTATEMENT  
Event Date Filed 03/01/2012  
Event Effective Date NONE

**Principal Address**

20900 NE 30TH AVE  
SUITE 601  
AVENTURA FL 33180

**Mailing Address**

20900 NE 30TH AVE.  
601  
AVENTURA FL 33180

Changed 03/24/2009

**Registered Agent Name & Address**

RHAU, JM ROBERT, JR.  
20900 NE 30TH AVE.  
601  
AVENTURA FL 33180 US

Name Changed: 03/24/2009

Address Changed: 03/24/2009

**Officer/Director Detail**

**Name & Address**

Title PRES

JM ROBERT RHAU, *JR.*  
1000 ISLAND BLVD. APT 706  
AVENTURA FL 33160

Title VP

LEVEQUE-RHAU, SARA  
1000 ISLAND BLVD. APT 706  
AVENTURA FL 33160

Title TREA

RHAU, BARBARA  
1000 ISLAND BLVD. APT 706  
AVENTURA FL 33160

Title SEC

RHAU, ROBERTA  
1000 ISLAND BLVD. APT 706  
AVENTURA FL 33160

**Annual Reports**

Report Year Filed Date  
2010 02/20/2010  
2011 03/01/2012  
2012 03/01/2012

**Document Images**