P08000045010

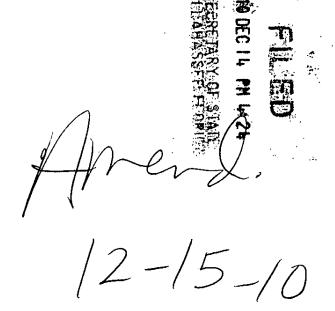
(Re	questor's Name)	- · · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2010

GERARDO PEREZ-CEA SABAGNON CORP 14055 S.W. 142 AVE. #4 MIAMI, FL 33186

SUBJECT: SABAGNON CORP Ref. Number: P08000045010

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

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) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 610A00025920

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SABAGON CORP	Name of Corporation	
DOCUMENT NUMBER: P-0800004	·	
The enclosed Articles of Correction and fe	ee are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
GERARDO PEREZ -CEA		
Name of Contact Person	•	
SABAGNON CORP		
Firm/Company		
14055 S.W. 142 AVENUE #4		
Address		
MIAMI- FL. 33186		
City/State and Zip Code		
sabagnon@gmail .com E-mail address (to be used for future annual re	eport notification)	
For further information concerning this ma	atter, please cail:	
GERARDO PEREZ-CEA Name of Contact Person	at (305) 303-9102 Area Code & Daytime Telephone Number	
Name of Contact Leison	Area code & Dayinic Tolepholo (Milloci	
Enclosed is a check for the following amo	unt:	
\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status	
\$43.75 Filing Fee & Certified Copy		
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
	aututiassee, i is seen i	

Articles of Amendment

•	lU			
Articles of Incorporation				
	of			
5AB	AGNON C	ORP	题 5 何	
(Name of Corporation as curre	ntly filed with the Florid:	a Dept. of State)	19 3 G	
ρ-	-0800004.	5010		
(Document Num	ber of Corporation (if known	wn)		
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Fl	lorida Profit Corporatio	n adopts the following	
A. If amending name, enter the new name of	the corporation:			
			The new	
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof	designation "Corp," "Inc essional association," or	;" or "Co". A profession the abbreviation "P.A."	porated" or the onal corporation	
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET	icable: GAB FADDRESS) 2/3/	ON W. 73 W	RN VAY FL 33065	
	× 7 / 2 / 2	1/2	22065	
•	COR.	M Spring-	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·			
C. Enter new mailing address, if applicable:		'n		
(Mailing address <u>MAY BE A POST OFFIC</u>	(E BOX)	<u> </u>	 .	
	·			
	· · · · · · · · · · · · · · · · · · ·			
D. If amending the registered agent and/or re	egistered office address in	n Florida, enter the nam	ie of the	
new registered agent and/or the new regist	tered office address:			
Name of New Registered Agent:				
•				
New Registered Office Address:	(Florida street a	ddress)		
	,	······································		
_		, Florida_		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing		1 44 11	Cal	
I hereby accept the appointment as registered ag	zeni i am jamiliar with ai	na accept the obligations	oj ine position.	
Sic	gnature of New Registered	l Agent, if changing		
2.0			•	

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
1. PROSIDENT MIGUE	2/ J. PEREZ-C	CA 95115.W.16176 MIAMI-PC 331	Add Remove
Persiont Gabriel	A AHERN	x4340 N.W. 734	Add Remove
Beeretary <u>Hibuel</u>	J. Mary Cen	95155.W. 165TEA HIAMI-FROSIN	Add Remove
E. If amending or adding addication (attach additional sheets, if ne			
F. If an amendment provides	for an exchange, recla	assification, or cancellation of	issued shares.
	g the amendment if n	ot contained in the amendme	
			d () () () () () () () () () (

The date of each amendmen	t(s) adoption: 12 - 9 - 2010
Effective data if applicables	(date of adoption is required)
Effective date in applicable:	t(s) adoption: 12 - 9 - 20 / 0 (tate of adoption is required) (2 - 9 - 20 / 0 (no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) vere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Dated	12-9-2010
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	GERANDO PEREZ-CEA
	(Typed or printed name of person signing)
	President
	(Title of person signing)