

P08000056761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000133960150

08/07/08--01034--003 **35.00

RECEIVED

08 AUG -7 AM 11:26

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 AUG -7 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

G. Douglas AUG 07 2008

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. THE FISHERMAN ACCESSORY
(Corporation Name) (Document #)
2. INC,
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:06 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☒ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
THE FISHERMAN ACCESORY INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added (or delete)

ARTICLE IV REGISTERED AGENT

The name and address of the registered agent is:

ANA L. FABELO 620 SW 13th AVE # 1 MIAMI FL. 33135

ARTICLE VI: DIRECTOR(S)

The name & title of the board of directors are:

ANA L. FABELO - PRESIDENT
620 SW 13th AVE # 1
MIAMI FL. 33135

DELITE: RONALD ALFARO

SECOND: 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, are as follows:

THIRD: The date of each amendment's adoption: 8/5/08

FILED
08 AUG - 7 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOURTH: Adoption of Amendment(s) (check one)

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

_____ 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 approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

X 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 100% (voting group).

Signed this 5 day of Aug., 2008.

By Ana M. Fabelo
(Chairman or Vice Chairman of the Board of Directors,
President or other officer if adopted by the shareholders)
OR
(A director or incorporator if adopted by the directors or
incorporators)

Ana M. Fabelo

(Typed or printed name)

President

(Title)

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

THE FISHERMAN ACCESORY INC.

2. The name and address of the registered agents and office is:

ANA L. FABELO 620 SW 13th AVE # 1 MIAMI FL. 33135

SIGNED: *Ana M Fabelo*
(Corporate Officer)

TITLE: _____

DATE: _____

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: *Ana M Fabelo*

DATE: _____

REGISTERED AGENT FILING FEE: \$20.00