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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: EZALPHA PAUL	JABLON CORP			
DOCUMENT NUMBER: P08000076261					
	f Amendment and fee are su	sbmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
		EDWARD MEJIA			
_		Name of Contact Person			
	TAX BU	REAU SERVICE CORP			
	Firm/ Company				
	183	35 NW 112TH AV SUITE 164			
_	Address				
	MIAMI FL 33172				
_		City/ State and Zip Code			
	EDMEJIA@TBST.	AX.NET /			
	E-mail address: (to be us	sed for future annual report notification)			
For further information of EDEWARD MEJIA	concerning this matter, pleas				
Name of Contact Person		at (646) 9964212  Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:					
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of

## EZALPHA PAUL JABLON CORP,

(Name of	Corporation as currently	y filed with the Florida	Dept. of State)	<del></del> -		
P08000076261						
	(Document Number of	Corporation (if known)	<del></del>			
Pursuant to the provisions of section 607.1 its Articles of Incorporation:	006, Florida Statutes, this I	Florida Profit Corporati	ion adopts the foll	owing am	endme	ent(s)
A. If amending name, enter the new name	ne of the corporation:					
name must be distinguishable and conta "Corp.," "Inc.," or Co.," or the designa- word "chartered," "professional association	tion "Corp," "Inc," or "(	Co". A professional co	corporated" or to rporation name n	he abbrev	new viation ain the	,
B. Enter new principal office address, if				<u>. – ,                                   </u>		
(Principal office address <u>MUST BE A ST</u>	REET ADDRESS )				17	
					<sup>M</sup> PR	
			<del></del>	15 25m	~	market Talenta
C. Enter new mailing address, if applications						633
(Mailing address <u>MAY BE A POST O</u>	FFICE BOX)			-7.1 		
				<b>5</b> · M	2	
D. Many with the state As a second						
D. If amending the registered agent and, new registered agent and/or the new			e name of the			
Name of New Registered Agent	TAX BUREAU SERVI	CE CORP	,			
Nume of New Registered Agent	1835 NW 112TH AV SU	IITE 164		<del></del>		
-	(Florida stre					
, , , , , , , , , , , , , , , , , , ,	IMAII		3317	72		
New Registered Office Address:		City)	, Florida	(Zip Code)		
		-				
New Registered Agent's Signature, if cha I hereby accept the appointment as register		ist and and action ablica	undi anno a Calo a annoisi			
t nereny accept the appointment as register	ed agent. Tam familiar w	in and accept the obliga	auons oj ine positi	on.		
	Signature of New Re	egistered Agent, if chang	ing			

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 Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	P	PAUL GREGORIO JABLON	11010 NW 58TH TERRACE	
X Add			DORAL FL 33178	
Remove				
2) Change	<u>v</u>	PAOLA REGINA DA SILVA J	11010 NW 58TH TERRACE	
X Add			DORAL FL 33178	
Remove		,		
3) Change	P	SERGIO JABLON	11010 NW 58TH TERRACE	
Add			DORAL FL 33178	
X Remove				
4) Change	VD	PAUL G JABLON	11010 NW 58TH TERRACE	
Add			DORAL FL 33178	
X Remove				
5) Change				
Add				
Remove				
6) Change			<del> </del>	
Add				
Remove				

E. If amending or adding additional Article (Attach additional sheets, if necessary).	(Be specific)	<u>) nere</u> :			
NONE	. 1 7 /				
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					· ·
F. If an amendment provides for an exch provisions for implementing the amer	<u>ange, reclassificatio</u> idment if not conta	n, or cancellati ined in the ame	<u>on of issued sh</u> ndment itself:	ares,	
(if not applicable, indicate N/A)					
N/A			· · · · · · · · · · · · · · · · · · ·		
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The date of each amendmen		, if other than the
date this document was signed	APRIL 11, 2017	
Effective date if applicable:	· · · · · · · · · · · · · · · · · · ·	
<del></del>	(no more than 90 days after amendment file da	nte)
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirement because of State's records.	ents, this date will not be lister as the
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes east for the a cre sufficient for approval.	mendment(s)
	re approved by the shareholders through voting groups. The followed for each voting group entitled to vote separately on the amendm	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and	i shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	reholder
Dated_ >-	04/14/17	
Signature (	- Label a	
(E	y a director president or other officer - if directors or officers have	re not been
sc	lected, by an incorporator - if in the hands of a receiver, trustee, or	r other court
aŗ	opointed fiduciary by that fiduciary)	
	Y STREGIO JABLON	
	(Typed or printed name of person signing)	
	1 Prosipont	
	(Title of person signing)	