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Amend & N.C. C.COULLIETTE APR 1 6 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>Ferra</u>	ara & Provenzano Financial Corp
DOCUMENT NUMBER: P08000	0110249
The enclosed Articles of Amendment ar	nd fee are submitted for filing.
Please return all correspondence concer-	ning this matter to the following:
	Vincent Ferrara (Name of Contact Person)
	(Firm/ Company)
	1801 Northwest 12th Street (Address)
	Boca Raton, FL 33486 (City/ State and Zip Code)
For further information concerning this	matter, please call:
Vincent Ferrara (Name of Contact Person)	at (954) 793-1870 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following ar	nount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of Stat	
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

Ferrara & Prov			
(Name of Corporation as curre	ntly filed with th	ne Florida Dept. of Sta	<u>te</u>)
	00110249		_
(Document Num	ber of Corporation	on (if known)	
Pursuant to the provisions of section 607.1006 following amendment(s) to its Articles of Incorp	oration:	·	Corporation adopts the
A. If amending name, enter the new name of		_	a.0
KESERVE		VCIAL C	
The new name must be distinguishable an "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A." B. Enter new principal office address, if apple	"Inc.," or Co., must contain	" or the designation "	Corp," "Inc," or
(Principal office address <u>MUST BE A STREE</u> T			25 A 13
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC D. If amending the registered agent and/or renew registered agent and/or the new regis 	egistered office a		er the name of the
Name of New Registered Agent:			
rame by these neglistered rigent.			
New Registered Office Address:	(Floria	la street address)	_
_			_, Florida
		(City)	(Zip Code)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered position.			of the obligations of the
Si	gnature of New I	Registered Agent, if cha	nging

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VPS</u>	Provenzano, Giovanni L	1801 Northwest 12th Street Boca Raton, FL 33486	☐ Add ☐ Remove
			Add Remove
			Add Remove
	g or adding additional Articles, enter c ional sheets, if necessary). (Be specific		
provisions	dment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)		

The date of each amendment(s) adoption: 04-11-09
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	east for the amendment(s) was/were sufficient for approval
by	29
,	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	4-11-09
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	Vincent FERRARA
	(Typed or printed name of person signing)
	Pres. dent
	(Title of person signing)