

PO9 000000224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

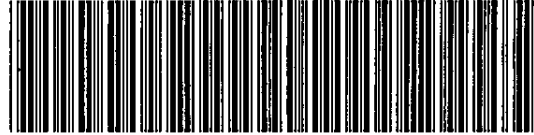
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



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11/09/15--01007--013 **35.00

Amel
DEC 22 2015
R. WHITE

15 DEC 21 AM
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2015

FRANCELOT SAINTIL
1060 HYPOLUXO RD
LANTANA, FL 33462

SUBJECT: CENTRAL INVESTIGATION AGENCY, INC.
Ref. Number: P09000000224

We have received your document for CENTRAL INVESTIGATION AGENCY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2014 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application or a current corporate annual report/uniform business report form and the appropriate fees.

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 715A00023765

RECEIVED
15 DEC 21 PM 2:32

*YES, MY CORPORATION
IS REINSTATEMENT NOW.
please.*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CENTRAL INVESTIGATION Agency, INC
DOCUMENT NUMBER: P 09000000224

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

Please return all correspondence concerning this matter to the following:

FRANCELOT SAINTIL
Name of Contact Person

CENTRAL INVESTIGATION AGENCY INC
Firm/ Company

1060 Hypoluxo Rd
Address

LANTANA FL 33462
City/ State and Zip Code

CENTRAL2000C@Y2HOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANCELOT SAINTIL at (239) 895-3511
Name of Contact Person Area Code & Daytime Telephone Number

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

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

FILED

15 DEC 21 AM 9:10

CENTRAL INVESTIGATION AGENT, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

P09000000224

(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**)

1060 HYPOLUX RD
LANTANA FL 33462

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

SAME

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 FRANCOIS SAINTIL
1060 Hypolux Rd
(Florida street address)

New Registered Office Address: LANTANA, Florida FL 33462
(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

Type of Action
(Check One)

Title

Name

Address

- 1) ☐ Change INTERN Joseph Felio 21681 EVANS Lane
☐ Add West palm Beach
☒ Remove FL 33415
- 2) ☐ Change INTERN Julien Noelsaint 218 FOXTAIL DR APT D
☐ Add GREEN ACRES
☒ Remove FL 33415
- 3) ☐ Change INTERN Maxerne SAINT-V22 3050 CONGRESS PARK DRIVE
☐ Add LAKE WORTH
☒ Remove FL 33461
- 4) ☐ Change INTERN Antoine Yves 207 palm Beach plantation
☐ Add West palm Beach BLVD
☐ Remove FL 33411
- 5) ☐ Change _____ _____
- ☐ Add _____
- ☐ Remove _____
- 6) ☐ Change _____ _____
- ☐ Add _____
- ☐ Remove _____

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

That Reason I'm Remove This people
because That person not Active in my
Company now.

**F. 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:**

(if not applicable, indicate N/A)

ALL people I was Remove all
person was cancellation.

The date of each amendment(s) adoption: 11-04-15, if other than the date this document was signed.

Effective date if applicable: 11-04-15
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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):*

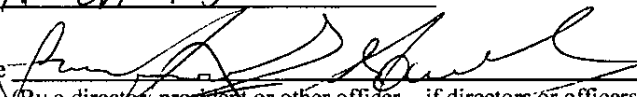
"The number of votes cast for the amendment(s) was/were sufficient for approval

by my decision not the group."
(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 11-04-15

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)

FRANCIS J. SANTIK
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)