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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : SALVATORI & WOOD, BUCKEL, PL

Account Number : I20030000112 Phone

: (239)552-4100

Fax Number

: (239)649-1706

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN NAVONA FLORIDA INVESTMENTS I, INC.

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8/25/2011

Tarkela

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	Navona Florida Investments I, Inc.
DOCUMENT NU	MBER:	P09000007732
The enclosed Artic	cles of Amendment and fe	ee are submitted for filing.
Please return all co	orrespondence concerning	this matter to the following:
		Kevin Carmichael, Esq.
		Name of Contact Person
	Salv	atori, Wood & Buckel, P.L.
		Firm/ Company
	9132	Strada Place, Fourth Floor
		Address
		Naples, FL 34108 City/ State and Zip Code
		Only, basic bits way order
	E-mail address: (to be	C@swbnaples.com used for future annual report noutication)
For further inform	ation concerning this mat	ter, please call:
	evin Carmichael	at ( 239 ) 552-4100
	of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amou	at made payable to the Florida Department of State:
□ \$35 Filing fee	S43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
<u>Mailing A</u> Amendmer		Street Address Amendment Section
	f Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle
λ ατιστίσες	u, 1 11 14117	Tallahassee, FL 32301

Signuture of New Registered Agent, if changing

Naples

I hereby accept the appointment as registered agent. I fin familiar with grid accept the obligations of the position.

New Registered Agent's Signature, if changing Registered Agent:

, Florida <u>3410</u>8

Zip Code)

Page 1 of 3

## 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>s</u>	John C. Goede, Esq.	9915 Tamiami Trail N. Ste 1 Naples. FL 34108	☐ Add ☑ Remove
<u>s</u>	Otilia Pereira	2100 Matheson Blvd E, Ste 200 Mississauga, ON L4W 5E1 CA	☑ Add ☐ Remove
<del></del>			Add Remove
E. <u>If amen</u> (attach a	ding or adding additional Articles, endditional sheets, if necessary). (Be s	enter change(s) here: specific)	
provisi	mendment provides for an exchange ions for implementing the amendment on applicable, indicate N/A)	e, reclassification, or cancellation of iss nt if not contained in the amendment i	ued sbares. tself:
<u> </u>	•		
			·

Aug. 25. 2011 7	:17AM	SALVATORI	& WOOD 100021123	3 3)))	No. 6439	P.
The date of each ar	nendment	(s) adoption: /	August 24, 2011	***	•	
- A	пспатисич	(a) 100b 1011 _	(date of adoption is	s required)	• • • • • • • • • • • • • • • • • • • •	
Effective date if ap	plicable:		·		·	
		(no more than	90 days after amendme	ent file date)		
Adoption of Amend	iment(s)	<u>(C</u>	HECK ONE)			
The amendment( by the sharehold			ne shareholders. The m r approval.	imber of votes cast fo	r the amendment(s)	)
			the shareholders throug ng group entitled to vote			nt
"The numbe	of votes	cast for the am	endment(s) was/were su	fficient for approval		
by				,17		
<del></del>		(voting group)		<del></del>		
action was not re	quired. (s) was/we		ne board of directors wi			
Ď	ated	August 24, 20	11			
<b>Q</b> i	gnature			QQ-		
51		a director, pres	sident or other officer -	if directors or officers	s have not been	
			orporator – if in the han	ds of a receiver, truste	ee, or other court	
	app	ointed fiduciary	by that fiduciary)			
			Bernd Abromeit	-Kremser		
		(7)	yped or printed name o	f person signing)		
			Preside	nt		
		(Title	of person signing)			

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