

PD9000009738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

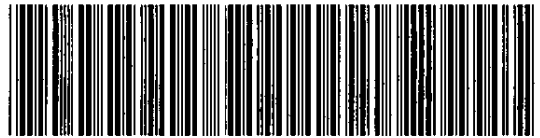
(Document Number)

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12/21/09--01080--021 **52.50

Amend

FILED
10 JAN 19 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts JAN 21 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2009

ANTHONY ITHIER
OKANILU INC
P O BOX 255
INTERCESSION CITY, FL 33848

SUBJECT: OKANILU INC
Ref. Number: P09000009738

We have received your document for OKANILU INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 109A00039243

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Okanilo, Inc

DOCUMENT NUMBER: PD9000009738

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

Please return all correspondence concerning this matter to the following:

Anthony Ithier
Name of Contact Person

Okanilo, Inc
Firm/ Company

PO Box 255
Address

Intercession City, FL 33848
City/ State and Zip Code

okaniloinc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Ithier at (407) 350-1215
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 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 checked="" 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

Okranilu Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

FILED
10 JAN 19 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

Po Box 255
Intercession City, FL 33848

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:

Jaime Torres

New Registered Office Address:

.3200 Granada Blvd

(Florida street address)

Kissimmee

(City)

Florida 34746
(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.

Anthony J. Gause
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)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|-------------------------------------------|----------------------------------------------------------------------------|
| P | Lazara Cruz | 3200 Granada Blvd Kissimmee, FL 34746 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| VP | Michelle E Ithier | 3200 Granada Blvd. Kissimmee, FL 34746 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| CFO | Marilyn Bennett | 3200 Granada Blvd. Kissimmee, FL 34746 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |

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

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Article</u> | <u>Action</u> |
|--------------|----------------|------------------------------------------|----------------|-----------------------|
| P | Anthony Ithier | 3200 Granada Blvd Kissimmee, FL 34746 | I | change classification |
| CFO | Jaime Torres | 3200 Granada Blvd Kissimmee, FL 34746 | VI | Adding/ change |

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)

The date of each amendment(s) adoption: 12/9/09
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

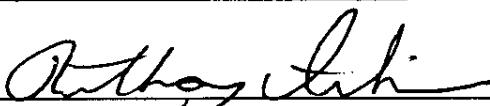
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each 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 _____."
(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 12/9/09

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)

Anthony Ithier
(Typed or printed name of person signing)

President
(Title of person signing)