## P09000076286

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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DEC 2 6 2012 T. ROBERTS

## **COVER LETTER**

NAME OF CORPORATION: VIRTUAL INCORPORATOR CO.

DOCUMENT NUMBER: P09000076286

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

Please return all correspondence concerning this matter to the following:

Name of Contact Person
Online Filings Co
Firm/ Company
619 Cattlemen Rd. - S155
Address
SARASOTA, FL 34232
City/ State and Zip Code

support@onlinefilings.biz

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Marley

TO: Amendment Section

....941

536-4729

Name of Contact Person

Area Code & Daytime Telephone Numbe

Enclosed is a check for the following amount made pavable 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 Articles of Incorporation of

VIRTUAL INCORPORAT	TOR CO.	1 1 L	
(Name of Corporation as	currently filed with the Florida I	Dept. of State DEC 26	AM IO: E o
P09000076286		At the Paris	
(Documer	nt Number of Corporation (if known	) Milans	181
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida</i>	Profit Corporation adop	ts the following amendmen
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc," or "Co". A		
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			
			<del></del>
	<del></del>		
C. Enter new mailing address, if appli			
(Mailing address MAY BE A POST	OFFICE BOX)		<del></del>
			<del></del>
			<u></u>
D. If amending the registered agent an	d/or registered office address in I	Florida, enter the name	of the
new registered agent and/or the new			<del></del>
Name of New Registered Agent	REGIS BARROS		
	619 CATTLEMEN ROA	D SUITE 011	
	(Florida street addr	ess)	
New Registered Office Address:	SARASOTA	Florida 34	4232 (Zip Code)
NEW REGISTER OFFICE FIGHT ESS.	(City)	, 1 1011du	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		l accept the obligations o	f the position.
	Later Expectation	a) Atacut	
Si	gnature of New Registered Agent, ij	changing	
ស	gnature oj New Aegistereu Agent, ij	CHUNGING	

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 <math>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.

X Change	PT Jo	hn Doe	
X Remove	<u>v</u> <u>M</u>	ike Jones	
X Add	SV Sa	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	RAUL DEBARROS	619 CATTLEMEN ROAD
Add			SUITE O11
X Remove			SARASOTA, FL 34232
2) Change	Р	REGIS BARROS	619 CATTLEMEN ROAD
$\frac{\mathbf{X}}{\mathbf{X}}_{Add}$			SUITE 011
Remove			SARASOTA, FL 34232
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
,	
If an amendment provides for an exclusions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

, ^ The date of each amendment(s) adopt	ion:
Effective date if applicable:	12/12/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were adopted by the shareholders was/were suffici	d by the shareholders. The number of votes cast for the amendment(s) ent for approval.
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):
"The number of votes cast for t	the amendment(s) was/were sufficient for approval
by	27
	(voting group)
action was not required.	d by the board of directors without shareholder action and shareholder d by the incorporators without shareholder action and shareholder
action was not required.	t by the incorporators without shareholder action and shareholder
Dated 12/21/20	12
Signature	POS POESIDENT
(By a direct	tor, president or other officer - if directors or officers have not been
	y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
Ri	EGIS BARROS
<del></del>	(Typed or printed name of person signing)
Pi	RESIDENT
	(Title of person signing)