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MF Corporate Services Int

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Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H140000435253ABCV

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : MF CORPORATE SERVICES INTL
Account Number : I20110000034
Phone : (305) 856-6121
Fax Number : (305) 856-6122

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

Email Address: OSantini@bellsouth.net

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ABRIL BELLAGIO CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

FILED
14 FEB 25 AM 10:22
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Amnd
FEB 26 2014
R. WHITE

Electronic Filing Menu

Corporate Filing Menu

Help



February 25, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ABRIL BELLAGIO CORPORATION
100 N FEDERAL HWY
1025
FORT LAUDERDALE, FL 33301US

SUBJECT: ABRIL BELLAGIO CORPORATION
REF: P10000035813

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

The registered agent must sign accepting the designation.

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

FAX Aud. #: H14000043525
Letter Number: 114A00004151

RECEIVED
14 FEB 25 PM 1:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **ABRIL BELLAGIO CORPORATION**

DOCUMENT NUMBER: **P10000035813**

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

Please return all correspondence concerning this matter to the following:

Olga Santini

Name of Contact Person

MF CORPORATE SERVICES INTERNATIONAL

Firm/ Company

1541 BRICKELL AVENUE

Address

MIAMI, FLORIDA 33129

City/ State and Zip Code

OSANTINI@MOSSFON.COM

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

For further information concerning this matter, please call:

Olga Santini

Name of Contact Person

at **(305) 856-6121**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable 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

FILED

14 FEB 25 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDAArticles of Amendment
to
Articles of Incorporation
of**ABRIL BELLAGIO CORPORATION**

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

P10000035813

(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)**C. Enter new mailing address, if applicable:**(Mailing address MAY BE A POST OFFICE BOX)**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:**Damian Elissalt****19493 40 AVE**

(Florida street address)

New Registered Office Address:**Sunny Isles**

Florida

33160

(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.

X

Signature of New Registered Agent, if changing

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

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

[illegible]

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: _____, if other than the date this document was signed.

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

2/21/14

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)

Carlos Moltini

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)