# P10000045068

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
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08/17/11--01008--009 \*\*35.00

ECRETARY OF STATE





**Division of Corporations** 

### 11 AUG 26 AM 8: 11

Letter Number: 611A00019420

SECRETARY OF STATE. JALLAHASSEE, FEORIDA

August 18, 2011

**HELOISA HAYES** THE ELLIOT LEGAL GROUP 121 S. ORANGE AVENUE - SUITE 1130 ORLANDO, FL 32801

SUBJECT: OASIS BAKERY, INC Ref. Number: P10000045068

We have received your document for OASIS BAKERY, 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 document is illegible and not acceptable for imaging.

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) 245-6964.

Irene Albritton Regulatory Specialist II

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORI   | PORATION:                                  | OASIS BAKERY, INC.   |
|--|--|--|
| DOCUMENT NUMBER:   |  | P10000045068   |
| The enclosed Artic   | eles of Amendment and fee                  | are submitted for filing.  |
| Please return all co   | orrespondence concerning t                 | his matter to the following:   |
|  |  | Heloisa Hayes  |
|  |  | Name of Contact Person   |
|  | <u>T</u> 1                                 | ne Elliot Legal Group  |
|  |  | Firm/ Company  |
| 121 S Orange Avenue, Suite 1130  |  | Orange Avenue, Suite 1130 Address  |
|  |  |  |
|  |  | rlando, Florida 32801<br>City/ State and Zip Code  |
|  | hshayes@<br>E-mail address: (to be u       | freshstartfromdebt.com sed for future annual report notification)  |
| For further informa  | ation concerning this matte                | r, please call:  |
| Name   | Heloisa Hayes<br>of Contact Person         | at ( 407 ) 412-9223  Area Code & Daytime Telephone Number  |
|  |  | made payable to the Florida Department of State:   |
| ☑\$35 Filing Fee   | \$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  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

| Oasis Bakery, Inc.  |  |
|---|--|
| Corporation as currently filed with the Florida Dept. of State) |  |
| P10000045068  |  |
|   |  |

| (Name of Corporation as cur  | rrently filed with the Florida Dept.                        | of State)   |                         |
|--|---|---|-------------------------|
| P1   | 0000045068  |   |                         |
| (Document N  | umber of Corporation (if known)                             |   |                         |
| Pursuant to the provisions of section 607.16 amendment(s) to its Articles of Incorporation   |   | Profit Corporation adopts the   | he followir             |
| A. If amending name, enter the new name  | of the corporation:   |   |                         |
|  |   |   | e new                   |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or to name must contain the word "chartered," "p                                 | he designation "Corp," "Inc," or "                          | Co". A professional corpo   | or the<br>ration        |
| B. Enter new principal office address, if an   |   |   |                         |
| (Principal office address MUST BE A STRE   | <u>EEI ADDKESS</u> )  |   |                         |
| C. Enter new mailing address, if applicabe (Mailing address MAY BE A POST OF)  D. If amending the registered agent and/or new registered agent and/or the new re | r registered office address in Floric                       | SECRETARY OF STATE ALL AHASSEE, FILORIO RIO RIO RIO RIO RIO RIO RIO RIO RIO | FILED 11 AUG 29 PH 2:49 |
|  | 7744 Acorn Woods Circle                                     | ····  |                         |
| New Registered Office Address:   | (Florida street address)                                    | )   |                         |
|  | Winter Park (City)  | , Florida 32792<br>(Zip Code)   | _                       |
| New Registered Agent's Signature, if change I hereby accept the appointment as registered.   | ging Registered Agent: I agent. I am familiar with and acce |   | ition.                  |

## 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)

| Title   | Name  | Address  | Type of Action    |  |  |  |
|---|---|--|-------------------|--|--|--|
| <u>P</u>  | Almarie M. Saade  | 13161 Sapphire Fall Lane<br>Orlando, Fl 32824            | ☐ Add<br>☑ Remove |  |  |  |
| <u>P</u>  | Fabrizio Dizio  | 13414 Tea Rose Way Orlando, Fl 32824                     | ☐ Add ☐ Remove    |  |  |  |
| <u>P</u>  | Piero Barone  | 7744 Acorn Woods Circle<br>Apt 129 Winter Park, Fl 32792 | ☑ Add<br>□ Remove |  |  |  |
| (attach addii   | g or adding additional Articles, enter clional sheets, if necessary). (Be specific<br>ro Barone as VP<br>erez de Marcano, 7744 Acorn Wo | ;;)<br>  | rk, Fl 32792      |  |  |  |
| As VP and S   | Secretary   |  |                   |  |  |  |
| Add Piero Ba  | arone as Treasurer  |  |                   |  |  |  |
|   |   |  |                   |  |  |  |
| 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) |   |  |                   |  |  |  |
|   | ·   |  |                   |  |  |  |
|   |   |  |                   |  |  |  |
|   |   | <u> </u>   |                   |  |  |  |

| The date of each amendmen                         | t(s) adoption: 08   | 3/23/2011   |
|---|---------------------|---|
| Effective date if applicable:                     | 08/23/2011          | (date of adoption is required)  |
|   | (no more than 9     | 0 days after amendment file date)   |
| Adoption of Amendment(s)                          | (СН                 | ECK ONE)  |
| The amendment(s) was/we by the shareholders was/w |                     | shareholders. The number of votes cast for the amendment(s) approval.   |
| • •   |                     | the shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):          |
| "The number of votes                              | cast for the amen   | dment(s) was/were sufficient for approval   |
| by  |                     | ,,,   |
|   | (voting group)      |   |
| The amendment(s) was/we action was not required.  | ere adopted by the  | board of directors without shareholder action and shareholder   |
| The amendment(s) was/we action was not required.  | ere adopted by the  | incorporators without shareholder action and shareholder  |
| Dated_08/2  | 23/2011             |   |
| sele  | ected, by an incorp | dent or other officer – if directors or officers have not been porator – if in the hands of a receiver, trustee, or other court |
| арр   | pointed fiduciary b | by that fiduciary)  |
|   |                     | Piero Barone  |
|   | (Тур                | ped or printed name of person signing)  |
|   |                     | Director  |
|   | (Title of           | f person signing)   |