## P10000053164

(Req	uestor's Name)	
(Add	ress)	
bbA)	ress)	
(City)	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	<u>.</u>
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





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FILED
11 JUNIO PH 2: 21
SECRETARY OF STATE



June 2, 2011

RAFFAELE ESPOSITO RAFFAELE ESPOSITO, INC. 508 VIA DE PALMAS STORE #76 BOCA RATON, FL 33432

SUBJECT: RAFFAELE ESPOSITO, INC.

Ref. Number: P10000053164

We have received your document for RAFFAELE ESPOSITO, 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):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

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: 511A00013494

RECEIVED
11 JUN 10 AM 8: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIO

## **COVER LETTER**

TO: Amendment Section Division of Corporations	•
SUBJECT: Raffaele Esp	OSHO IN C
DOCUMENT NUMBER: PIOO	0053164
The enclosed Articles of Correction and fee	are submitted for filing.
Please return all correspondence concerning	this matter to the following:
ROMAEIE ESPOSITO Name of Contact Person	
Rafferele Esposito, 1	<u> </u>
508 Via De Po	ilmas Stove #76
Boca Rotto FL City/State and Zip Code	33432
NEW ESDOCH O CO	ort notification)
For further information concerning this mat	ter, please call:
Raffice le Espoit	at (917) 392-5448  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	nt:
\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy
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**

FILED
11 JUN 10 PM 2: 22
SECRETARY OF STATE
AHASSEF STATE

Raffaele 65005.to 1001

(Name of Corporation as currently filed with the Florida Dept. of \$ P10000053164 L. FLORIDA

(Document Number of Corporat	ion (if known)	
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following	
A. If amending name, enter the new name of the corporatio	n:	
NA	The new	
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional association of the contain the word "corp."	orp," "Inc," or "Co". A professional corporation	
B. Enter new principal office address, if applicable:	50% Via De Palmas, Store # 76	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Boca Raton FL	
	33432	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	508 Via De Palmas, Stere#76 Boxa Raton, FL 33432	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad		
Name of New Registered Agent: NA		
New Registered Office Address: (Flor	ida street address)	
New Registered Office Address. (Fior	,	
(City)	, Florida (Zip Code)	
· · ·	• •	
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam.		
NIA		

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>	Type of Action
	MA		
	<del></del>		☐ Add ☐ Remove
			Z Remove
E. If amen	ding or adding additional Ar	ticles, enter change(s) here:	
	additional sheets, if necessary).	(Be specific)	
NIA			
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		change, reclassification, or cancella endment if not contained in the amo	
	ons for implementing the and not applicable, indicate N/A)	endinent it not contained in the anit	enditent usen:
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<del></del>			
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The date of each amendment(s	adoption: $06-01-2011$
_	(aate of adoption is required)
Effective date <u>if applicable</u> :	no more than 90 days after amendment file date)
	to more than 30 days after amenament file date)
	(CUECU ONE)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	at for the amendment(s) was/were sufficient for approval
by	99
(	oting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
action was not required.	
Signature	12 7,2011 All Liles
select	director, president or other officer – if directors or officers have not been a, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Raffaele ESPOSHO (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	OWIGE PIS (Title of person signing)
	(Title of person signing)