P1000065600

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:		DECI BORI INC			
DOCUMENT NUMBER:		P10000065600			
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	CINDY VASQUEZ				
Name of Contact Person					
	DECI BORI				
	Firm/ Company				
	22372 MARTELLA AVE				
* * * * * * * * * * * * * * * * * * *		Address			
, Na	E	BOCA RATON FL 33433			
	•	City/ State and Zip Code			
	E-mail address: (to be	bond_tax@yahoo .com used for future annual report notification)			
For further information	ation concerning this mat	ter, please call:			
CINDY VASQUEZ		at (· 561) 28	9-0792		
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check	k for the following amount	nt made payable to the Florida Departm	ment of State:		
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status		□ \$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

DECI BORI INC		
(Name of Corporation as currently filed with the Florida Dept. of State)		
P0000065600		
(Document Number of Corporation (if known)		

P000065600	0	_
(Document Number of Corpor	ration (if known)	-
Pursuant to the provisions of section 607.1006, Florida Statement (s) to its Articles of Incorporation:	tutes, this Florida Profit Corporati	on adopts the follow
A. If amending name, enter the new name of the corporat	tion:	
B FIERCE INC	· · · · · · · · · · · · · · · · · · ·	The new
name must be distinguishable and contain the word "co abbreviation "Corp.," "Inc.," or Co.," or the designation ' name must contain the word "chartered," "professional asso	"Corp," "Inc," or "Co". A profess	sional corporation
B. Enter new principal office address, if applicable:	22372 MARTELLA AVE	
(Principal office address <u>MUST BE A STREET ADDRESS</u>	BOCA RATON FL 33433	JUN-8 AM
		# A C
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P O BOX 22375	7.55 3:55
	LAKE BUENA VISTA 32830	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		me of the
Name of New Registered Agent:		
New Registered Office Address: (Flo	orida street address)	
	, Florida	1
(Cit _y	y) (Zip Code)	
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent. I am fai	miliar with and accept the obligation	is of the position.
Signature of Ne	w Registered Agent, if changing	

The date of each amendment(s) adoption: 05/20/11
	(date of adoption is required)
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	
((voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	6-1.11
Signature	Condit lasgues
	director, president or other officer if directors or officers have not been
	ted, by an incorporator—If in the hands of a receiver, trustee) or other court inted fiduciary by that fiduciary)
FF	1: , - 1/
	_ (ndy). 1/gsguez
	(Typed or printed name of person signing)
	Boside A
	(Title of person signing)