

P1000000 66481

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(Address)

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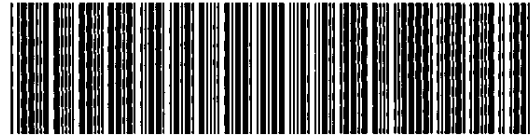
(Business Entity Name)

(Document Number)

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Amend

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10 SEP 17 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts SEP 20 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CARIBBEAN INTERNATIONAL RESORT, INC

DOCUMENT NUMBER: P10000066481

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

Please return all correspondence concerning this matter to the following:

LIVAN PAMPILLO

Name of Contact Person

SMART ACCOUNTING SOLUTIONS INC

Firm/ Company

8204 CRYSTAL CLEAR LN SUITE 1000

Address

ORLANDO, FL 32809

City/ State and Zip Code

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

For further information concerning this matter, please call:

LIVAN PAMPILLO

Name of Contact Person

at (407)

816-9904

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

**Articles of Amendment
To
Articles of Incorporation
Of
CARIBBEAN INTERNATIONAL RESORT, INC
P10000066481**

Pursuant to the provisions of Section 607-1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number (s) being amended, added, or deleted)

ARTICLE II

The principal place of business address:

**7550 FUTURES DR
SUITE 301
ORLANDO, FL 32819**

The mailing address of the corporation is:

**7550 FUTURES DR
SUITE 301
ORLANDO, FL 32819**

ARTICLE V

The name and Florida Street address of the registered agent is:

**ANA CELINA GERENA
15336 HARVEST BLVD
CLERMONT, FL 34714**

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: ANA CELINA GERENA

ARTICLE VII

The initial officer(s) and/or director(s) of the corporation is/are:

**Title: P ----- 100 SHARES
ANA CELINA GERENA
15336 HARVEST BLVD
CLERMONT, FL 34714**

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TALLAHASSEE, FLORIDA

SECOND: 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, are as follows:

NONE

THIRD: The date of each amendment's adoption: September 14, 2010.

FOURTH: Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) 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 _____"

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and which was not required.

Signed this 14th day of September, 2010.

Signature:

Ana Celina Gerena

(By the Chairman or Vice Chairman of the Board of directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by directors)

OR

(By an incorporator if adopted by the incorporators)

ANA CELINA GERENA

Typed or printed name

PRESIDENT

Title

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/ REGISTERED OFFICER**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 FLORIDA STATUTES, THE UNDERSIGNED CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICER/ REGISTER AGENT, IN THE STATE OF FLORIDA.

1-) THE NAME OF THE CORPORATION IS:

CARIBBEAN INTERNATIONAL RESORT, INC

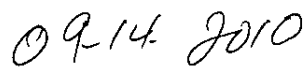
2-) THE NAME AND ADDRESS OF THE REGISTER AGENT/OFFICER IS:

**ANA CELINA GERENA
15336 HARVEST BLVD
CLERMONT, FL 34714**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICES OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


Signature


Date