

P/000000733/8

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

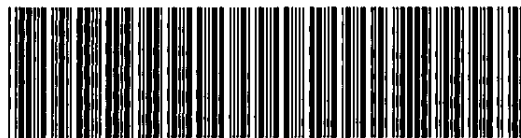
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200186386092

11/01/10--01036--003 **35.00

Amund

FILED
11 FEB 17 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TX 2-21-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2010

ERIK M. ABREU
A FATHER & THREE SONS CORP
P O BOX 713
INTERCESSION CITY, FL 33848-0713

SUBJECT: A FATHER & THREE SONS CORPORATION
Ref. Number: P10000073318

We have received your document for A FATHER & THREE SONS CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please list the title(s) of each officer in your document.

Please list the street address of each officer/director.

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: 910A00025965

RECEIVED
11 FEB 17 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: A Father & Three Sons Corporation

DOCUMENT NUMBER: P10000073318

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

Please return all correspondence concerning this matter to the following:

Erik M. Abreu

Name of Contact Person

A Father & Three Sons Corp.

Firm/ Company

P.O. Box 713

Address

Intercession City, Fl., 33848-0713

City/ State and Zip Code

caramelo@cfl.rr.com

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

For further information concerning this matter, please call:

Marisol M. Fernandez

Name of Contact Person

at (407)

870-7662

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

Page 1 of 3

FILED
FEB 17

FILED
11 FEB 17 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
<u>Mrs.</u>	<u>Marisol Fernandez</u>	<u>P.O. Box 713</u> <u>Intercession City, FL 33848</u> <u>Secretary</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Mr.</u>	<u>Jorge Fernandez</u>	<u>P.O. Box 713</u> <u>Intercession City, FL 33848</u> <u>Treasurer</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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

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: October 10, 2010

Effective date if applicable: October 20, 2010
(date of adoption is required)
(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 10/21/2010

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)

ERIK M. ABREU

(Typed or printed name of person signing)

ERIK M. ABREU, President

(Title of person signing)