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Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257 : (850)224-8870 Fax Number : (850)222-1222

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address:

## COR AMND/RESTATE/CORRECT OR O/D RESIGN PORTOBELLO BOYNTON, CORP.

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8/10/2011

August 10, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PORTOBELLO BOYNTON, CORP. 1680N. CONGRESS AVE SUITE # 190 BOYNTON BEACH, FL 33426US

SUBJECT: PORTOBELLO BOYNTON, CORP.

REF: P10000074292

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The document is incomplete. The third page is missing. Please refax the document.

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Annette Ramsey Regulatory Specialist II FAX Aud. #: H11000200698 Letter Number: 511A00018812

## **COVER LETTER**

TO:	Amendment Section
	Division of Corporations

NATALIE M. BURNS  Name of Contact Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  C \$35 Filing Fee	NAME OF COR	PORATION:	PORTOBELLO BOYNTON, CORP.		
Please return all correspondence concerning this matter to the following:    NATALIE M. BURNS	DOCUMENT N	UMBER:	P10000074292		
NATALIE M. BURNS  Name of Contact Person  LAW OFFICES OF NATALIE M. BURNS, P.L.  Firm/ Company  800 VILLAGE SQUARE CROSSING, STE 337  Address  PALM BEACH GARDENS, FL 33410  City/ State and Zip Code  NATALIE & BURNSLAWFL. COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  NATALIE M. BURNS  at (561) 287-0104  Name of Contact Person  Area Code & Daytime Telaphone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  C \$35 Filing Fee  Certificate of Status  Certified Copy (Additional Copy is enclosed)  Mailling Address  Amendment Section Division of Corporations	The enclosed Arti	cles of Amendment and fee	are submitted for filing.		
Name of Contact Person  LAW OFFICES OF NATALIE M. BURNS, P.L.  Firm/ Company  800 VILLAGE SQUARE CROSSING, STE 337  Address  PALM BEACH GARDENS, FL 33410  City/ State and Zip Code  NATALIE@ BURNSLAWFL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  NATALIE M. BURNS  at (561)  NATALIE M. BURNS  at (561)  NATALIE M. BURNS  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  C \$35 Filing Fee Cartificate of Status  Cartificate of	Please return all c	orrespondence concerning t	his matter to the following:		
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Amendment Section Amendment Section Division of Corporations Division of Corporations	C \$35 Filing Fee		Certified Copy Certificate of Status		
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	Amendmer Division of P.O. Box 6	nt Section Corporations 327	Amendment Section Division of Corporations Clifton Bullding 2661 Executive Center Circle		

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Florida street address

a) to N

(Clty)

each\_\_\_ Florida

(Zip Code)

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P	OSCAR DE LA CRUZ	7149 COPPEREJELD CIR LAKE WORTH FL 33467	_
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actor	Marvin Effenson	1880 D. Congress AVE. Bounton Boach, FL.	Add Remove
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PRESIDENT

(Title of person signing)