

P110000048984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

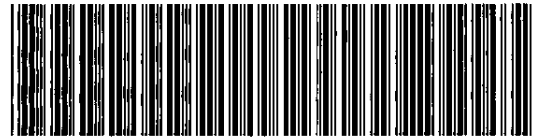
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



700207990147

*Name Change
Amend*

06/09/11--01012--023 **43.75

FILED
2011 JUN 30 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*MR
6/30/11*

**00789, 02544, 02976, 00671*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WESTFORD REAL ESTATES, INC.

DOCUMENT NUMBER: P11000048984

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

Please return all correspondence concerning this matter to the following:

LAURA DIAZ

Name of Contact Person

Firm/ Company

12440 SW 75 ST.

Address

MIAMI, FL 33183

City/ State and Zip Code

lad423@hotmail.com

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

For further information concerning this matter, please call:

LAURA DIAZ

Name of Contact Person

at (305) 785-1228

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2011

Laura Diaz
12440 SW 75 St.
Miami, FL 33183

SUBJECT: WESTFORD REAL ESTATES, INC.
Ref. Number: P11000048984

We have received your document for WESTFORD REAL ESTATES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P98000105884.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 611A00014233



New York Life Insurance Company

1300 Concord Terrace
5th Floor
Sunrise, FL 33323
Tel. 954 552 0126 Fax 954 337 2284
rrozental@ft.newyorklife.com

Ruben V. Rozental, M.S., MBA

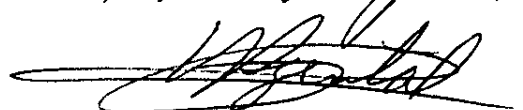
Lisa Abel

Financial Services Professional
CA Ins. Lic. # 1123096

The Company You Keep®

Dear Ms. Ramsey:

Please process the enclosed change of Name form. This is the second attempt, you still have the check for our first name change which was unsuccessful.

Thank you,


Articles of Amendment
to
Articles of Incorporation
of

FILED

2011 JUN 30 AM 11:41

WESTFORD REAL ESTATES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)
TALLAHASSEE, FLORIDA

P11000048984

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

FULCATTO INTERNATIONAL INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

600 W LAS OLAS BLVD.

APT. 1618

FT. LAUDERDALE, FL 33312

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

_____, Florida
(City) (Zip Code)

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

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

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<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: JUNE 21, 2011
(date of adoption is required)
Effective date if applicable: JUNE 21, 2011
(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 JUNE 21, 2011

Signature Magnolia Gomez Rubio
(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)

MAGNOLIA GOMEZ RUBIO
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)