# P11000096390

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SIVISION OF CORPORATION

AUG 1 7 2016 C LEWIS



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 3, 2016

MICHAEL MCNAMARA / VIP2GO INC. 2415 NE 17TH TER WILTON MANORS, FL 33305 US

SUBJECT: THE FAB CONCIERGE INC.

Ref. Number: P11000096390

We have received your document for THE FAB CONCIERGE INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 916A00016225

Carolyn Lewis Regulatory Specialist II

www.sunbiz.org

### COVER LETTER

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### **Articles of Amendment**

# Articles of Incorporation

JECRETARY OF STATE DIVISION OF CONTORATION

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

2016 AUG -8 AM 8: 02

(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 corporat	tion: VIPZGO IN The new
name must be distinguishable and contain the word "cor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc word "chartered," "professional association," or the abbrev	rporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the rightion "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>	Same
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same
D. If amending the registered agent and/or registered office and or registered agent and/or the new registered office and	ice address in Florida, enter the name of the address:
	lorıda street address)
New Registered Office Address:	, Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fo	amiliar with and accept the obligations of the position.
Signature o	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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>।</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jo	nes	
X Add	$\underline{SV}$	Sally Sn	nith ·	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		<del></del>		
Add				
Remove				
2) Change		_		
Add				A Like Control of the
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
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Remove				
6) Change		_		
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f amending or adding additional Attach additional sheets, if necessor	rry). (Be specific	c)			
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an amendment provides for an	evahanae medea	eiffentiem emen	ngallation of last	ad chares	
provisions for implementing the	amendment if no	ot contained in t	he amendment it	self:	
(if not applicable, indicate N/	<del>(A)</del>			<del></del>	
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The date of each amendment(s) adoption:	, if other than the					
date this document was signed.	ENEW GCORETARY OF STATE					
Effective date <u>if applicable</u> :	JIVIŠION OF CORPORATICE					
Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	s, this date will not be listed as the 2016 AUG -8 AM 8: 02					
Adoption of Amendment(s) (CHECK ONE)						
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amends by the shareholders was/were sufficient for approval.	endment(s)					
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	•					
"The number of votes cast for the amendment(s) was/were sufficient for approval						
by						
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	hareholder					
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	nolder					
Dated 7-27-16						
Signature Multiple Mamal  (By a director, president or other officer if directors or officers have re-						
selected, by an accorporator - if in the hands of a receiver, trustee, or o						
appointed fiduciary by that fiduciary)	JAMARA					
(Typed or printed name of person signing)						