

PH000102178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 27, 2012

RENSON M. KIOKO
R.J. MAX, INC.
C/O ABC, 2962 TRIVIUM CIRCLE #101
FORT LAUDERDALE, FL 33312 US

SUBJECT: R.J. MAX, INC.
Ref. Number: P11000102178

We have received your document for R.J. MAX, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The document you submitted is incomplete. On page 4, please include the date of adoption of amendment(s), The typed or printed name of the person signing and the title of the person signing. (Please note: the signor must be a director, president or other officer. The registered agent cannot sign to accept the adoption of amendment(s).

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) 245-6820.

Rebekah White
Regulatory Specialist

Letter Number: 112A00028209

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12 DEC 10 AM 9:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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Division of Corporations

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Rebekah White
Regulatory Specialist

Letter Number: 112A00028209

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: R.J. Max, Inc.

DOCUMENT NUMBER: P11000102178

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

Please return all correspondence concerning this matter to the following:

Renson M. Kioko

Name of Contact Person

R.J. Max

Firm/ Company

C/O ABC. 2962 Trivium Circle, #101

Address

Fort Lauderdale, FL 33312

City/ State and Zip Code

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

For further information concerning this matter, please call:

Renson M. Kioko

Name of Contact Person

at (305) 6268168

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)

RECEIVED

12 NOV 26 AM 9:44

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FILED
12 DEC 12 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.J. Max, Inc.

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

P11000102178

(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:

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)

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

Renson M. Kioko

C/O ABC, 2962 Trivium Circle, # 101

(Florida street address)

New Registered Office Address:

Fort Lauderdale


(City)

, Florida 33312

(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)

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.

Example:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|--------------|------------------------|--|
| 1) <input type="checkbox"/> Change | <u>PT</u> | <u>Xiaorong Ge</u> | <u>c/o ABC, 2962 Trivium Circle, #101</u> |
| <input type="checkbox"/> Add | | | <u>Fort Lauderdale</u> |
| <input checked="" type="checkbox"/> Remove | | | <u>FL, 33312</u> |
| | | | |
| 2) <input type="checkbox"/> Change | <u>PT/BD</u> | <u>Jian Yang</u> | <u>c/o ABC, 2962 Trivium Circle, # 101</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Fort Lauderdale</u> |
| <input type="checkbox"/> Remove | | | <u>FL 33312</u> |
| | | | |
| 3) <input type="checkbox"/> Change | <u>VP</u> | <u>Renson M, Kioko</u> | <u>c/o ABC, 2962 Trivium Circle, # 101</u> |
| <input checked="" type="checkbox"/> Add | | | <u>Fort Lauderdale</u> |
| <input type="checkbox"/> Remove | | | <u>FL, 33312</u> |
| | | | |
| 4) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |
| | | | |
| 5) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |
| | | | |
| 6) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <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: 12/5/12

Effective date if applicable: _____
(no more than 90 days after amendment file date)

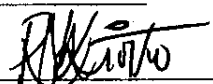
Adoption of Amendment(s) (CHECK ONE)

- ☒ 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 12/5/12

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)

RENSON M. KIOKO
(Typed or printed name of person signing)

VP
(Title of person signing)