

P12000000 6051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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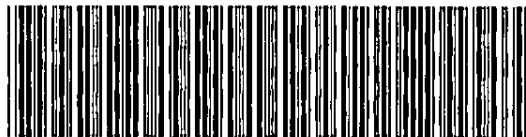
(Business Entity Name)

(Document Number)

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2022 NOV -3 PM 3:28

11/7/2022

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: CELEBRATE PARADISE INC.

DOCUMENT NUMBER: P12000006051

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

Please return all correspondence concerning this matter to the following:

RICKY LEWIS

Name of Contact Person

CELEBRATE PARADISE INC

Firm/ Company

2605 E. ATLANTIC BLVD - 210B

Address

POMPAHO BCH, FL. 33062

City/ State and Zip Code

ricklewis84@gmail.com

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

For further information concerning this matter, please call:

RICKY LEWIS

Name of Contact Person

at ( 904 )

658-1158

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|--|

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 11, 2022

RICKY D LEWIS  
2605 E ATLANTIC BOULEVARD  
SUITE #210B  
POMPANO BEACH, FL 33062

SUBJECT: CELEBRATE PARADISE, INC.  
Ref. Number: P12000006051

We have received your document for CELEBRATE PARADISE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Social/Public benefit, but your entity is a Corporation. Please complete and return the enclosed blank form(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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 422A00022750

Articles of Amendment  
to  
Articles of Incorporation  
of

~~0000~~ CELEBRATE PARADISE INC. 04-3 PH 3:20  
(Name of Corporation as currently filed with the Florida Dept. of State)

P12000006051  
(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)

BLVD  
2605 E. ATLANTIC BLVD #210B  
POMPANO BEACH, FL. 33062

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 \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office 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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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			
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove	V	DONIEL TIGGS	789 NW 84TH LANE CORAL SPRINGS, FL. 33071
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove	T	JERMAINE BROWN	1837 NW 94TH AVE CORAL SPRINGS, FL. 33071
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove	S	PATRICIA LEWIS	2730 SW 1ST STREET FT. LAUD, FL. 33312
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input checked="" type="checkbox"/> Remove	D	FRANKIE HINES	95 TREVERS LAKE DR CONINGTON, GA. 30016
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			

PLEASE ADD RICKY LEWIS  
TO ALL OFFICER POSITIONS  
THAT ARE CURRENTLY HELD  
BY THOSE THAT ARE BEING  
REMOVED.

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

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**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)*

N/A

The date of each amendment(s) adoption: 10/25/22, if other than the date this document was signed.

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ 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)

Dated 10/25/22

Signature Ricky Lewis  
(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)

RICKY LEWIS  
(Typed or printed name of person signing)

PRESIDENT