## P12000015832

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\*\*ROTALLAHASSEE.FLORIDA\*\*

APR 30 2017

## **COVER LETTER**

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: FORUS RE, CORP.  DOCUMENT NUMBER: P12000015832				
DOCUMENT NUMBER: 1 12000013032				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Elizabeth Lytle Name of Contact Person				
FORUS RE, CORP.				
Firm/ Company				
2021 15t Ave. N. Address				
St. Pete, FL 33713  City/State and Zip Code				
E-mail address: (to be used for future annual report hotification)				
E-mail address: (to be used for future annual report Notification)				
For further information concerning this matter, please call:				
S112abeth Lutle at (727) 851-9828  Name of Contact Person Area Code & Daytime Telephone Number				
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:				
\$\begin{align*} \begin{align*} \begi				
Mailing Address Street Address				
Amendment Section Amendment Section				
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

## **Articles of Amendment**

to

FORUS RE CORP.
$1 \cup V \cup $
(Name of Corporation as currently filed with the Florida Dept. of State)
<u>P12000010932</u>
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendments its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
NIA
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 comprehe
word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:
(Principal office address <u>MUST BE A STREET ADDRESS</u> )
<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
(Maining war 155) MARY 152 MAR
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 17 17
(Florida street address)
New Registered Office Address: , Florida (City) (Zip Code)
(Esp Could)
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.
- 1 A
$\mathcal{N} / \mathcal{A}$

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: XChange	<u>PT</u>	John Doe			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s	
1) X Change Add Remove	_2_	LUCA	Parmego	jani Via 40064 0220 Bologna	Matteotti, 2 ano Dell Emilia Italy
2) Change Add Remove		Silvia Pa	<u>armeggi</u> an	i Via Leoni 400510 Cre Bologna	lde Iotti 50 spellano
3) Change Add Remove	<u>T</u>	_ Maria Mi	<u>chela Ga</u> ru	//	li Canova, 56 Savena Italy
4) Change Add Remove	CFO	Luca Par	<u>meggian</u> i	Via Matte 40044,0220 Bologna,	otti, 2 ino peu emilio Italy
5) Change Add Remove		N/	Α		
6) Change Add Remove	·	N/_	A		

f amending or adding additional Articles, enter change(s) he attach additional sheets, if necessary). (Be specific)	<u>51 6</u> .
N/A	
- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	
f an amendment provides for an exchange, reclassification, provisions for implementing the amendment if not containe (if not applicable, indicate N/A)	or cancellation of issued shares, d in the amendment itself:
NA	
The state of the s	

The date of each amendment(s) adoption: APril 3, 2012
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 4/3/12
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)
Massimo Benassi
(Typed or printed name of person signing)
Director
(Title of person signing)