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NOV 16 2012

## **COVER LETTER**

TO: Amendment Section

Division of Corporations				
NAME OF CORPO	RATION: ROCHELO	IS INC		
DOCUMENT NUMI	BER: P1200000187	26		
	of Amendment and fee are su			
The enclosed Afficies	oj Amenament and ice are su	omitted for fitting.		
Please return all corre	spondence concerning this ma	tter to the following:		
	ABRAHAM ZIAD	EH CPA		
		Name of Contact Person	1	
	ABRAHAM ZIAD	EH CPA PA		
		Firm/ Company		
	6407 SW 5TH ST	REET		
		Address		
PEMBROKE PINES, FL 33023				
		City/ State and Zip Cod	e	
abr	aham.ziadeh@gn	nail.com		
		sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
ABRAHAM Z	IADEH	at (954	<sub>)</sub> 651-1410	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)	
	ling Address		Address	
	endment Section sion of Corporations	Amendment Section Division of Corporations		
P.O.	Box 6327	Clifton Building		
Tall	ahassee, FL 32314			
P.O. Box 6327 Tailahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301		

## **Articles of Amendment** to Articles of Incorporation of

R	<b>(</b>	CI	4F	18	INI	C
1 1			- 11 - 3	 		

ROCHELOIS INC			
(Name of Corporation as	currently filed with the Florida Dept. of Sta	te)	
P120000018726			
(Documer	nt Number of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this Florida Profit Corp	poration adopts the following an	nendment(s) to
A. If amending name, enter the new na	nme of the corporation:		
		Th	e new
	tain the word "corporation," "company," or ation "Corp," "Inc," or "Co". A profession tion," or the abbreviation "P.A."		
B. Enter new principal office address,			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )		
		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			
	— Manual Administrative Committee Co	, <u>, , , , , , , , , , , , , , , , , , </u>	
D. If amending the registered agent an new registered agent and/or the nev	d/or registered office address in Florida, ent	er the name of the	
Name of New Registered Agent	VALERIE BELLANDE		
<u>Name of New Registered Agent</u>	16380 SW 293RD STREET	<del></del>	
	(Florida street address)		
New Registered Office Address:	HOMESTEAD	_, <sub>Florida</sub> 33033	
<u>New Registerea Office Adaress:</u>	(City)	Zip Code)	
N 10	handing Darietand Agant.		
New Registered Agent's Signature, if c I hereby accept the appointment as regist	rered agent. I am familiar with and accept the	obligations of the position.	
	all DNL.		73
Si	gnature of New Registered Agent, if changing		्र म
		SS	7
			ירו י
		<u> </u>	1 1 1

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 Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	CUCKITA BELLA	NDE 16380 SW 293RD STREET
Add			HOMESTEAD, FL 33033
X Remove			
2) Change	Р	VALERIE BELLA	NDE 16380 SW 293RD STREET
X Add			HOMESTEAD, FL 33033
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			·
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or adding additional Arti</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)
	**************************************
	•
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
(J ,	
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·	
14-14-14-14-14-14-14-14-14-14-14-14-14-1	

The date of each amendment(s) a	doption: 11/02/2012
Effective date <u>if applicable</u> : 11	/02/2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach 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)
	(voting group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated 11/05/	2012
Signature	director, president or other officer – if directors or officers have not been
selecte	thrector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court steed fiduciary by that fiduciary)
аррош	VALERIE BELLANDE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)