P13000019234

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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C. LEWIS

JUN 1 8 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

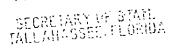
NAME OF CORPORAT	D12000102	RT CORPORAT	ION
DOCUMENT NUMBER The enclosed Articles of A	·		
Please return all correspor		<u>-</u>	
r rease recurr air correspon	detice concerning this ma	ner to the tonowing.	
	CON	ISTANTIN CHIR	IAC
	VANDE	Name of Contact Person	
<u></u>	VANBE	RT CORPORAT	IION
	1700 DOV	Firm/ Company VER ROAD, AP1	T 201A
	1700 DO	Address	201A
	DELRAY	BEACH, FL 33	445
		City/ State and Zip Code	
	DERECA	.7272@GMAIL.0	~^M
		sed for future annual report	
		,	,
For further information eo	ncerning this matter, pleas	se call:	
CONSTANTIN	CHIRIAC	at (561	, 945-2656
	ontact Person	at (Area Coc)le & Daytime Telephone Number
Enclosed is a check for the	tollowing amount made i	payable to the Florida Depa	rtment 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)
Amendr Divisior P.O. Bo	Address ment Section of Corporations x 6327 see, FL 32314	Amend Division Clifton	Address ment Section n of Corporations Building secutive Center Circle

Tallahassee, FL 32301

APPROVED AND FILE()

Articles of Amendment to Articles of Incorporation of

14 JUN -6 PH 3: 28



VANBERT CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State) P13000019234

nendment(s) to

. If amending name, enter the new name of t	the corporation:		
ame must be distinguishable and contain the	2 mard "appropriation" "	iomanami " on "inc	The
Corp.," "Inc.," or Co.," or the designation " ord "chartered," "professional association," o	Corp, " "Inc," or "Co".	A professional cor	poration name must conta
Enter new principal office address, if appli			
Principal office address <u>MUST BE A STREET</u>	(ADDRESS)		
	_		
	_		·
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	F ROV		
(muning anaress MAT BE A TOST OF FIC	<u></u>		
			<u> </u>
			
. If amending the registered agent and/or re		Florida, enter the	name of the
. If amending the registered agent and/or re new registered agent and/or the new regist		Florida, enter the	name of the
		Florida, enter the	name of the
new registered agent and/or the new regist	tered office address:		name of the
new registered agent and/or the new regist			name of the
new registered agent and/or the new regist	tered office address: (Florida street add		 rida
new registered agent and/or the new regist Name of New Registered Agent	tered office address:	lress)	
new registered agent and/or the new regist Name of New Registered Agent	tered office address: (Florida street add	lress)	 rida

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: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Nance	<u>Addres</u> s
1) Change	V,T	CONSTANTIN CHIRIAC	1700 DOVER RD #201A
Add			DELRAY BEACH
Remove			FL 33445
2) Change	P,D	GABRIELA CHIRIAC	1700 DOVER RD #201A
✓ ∧dd			DELRAY BEACH
Remove			FL 33445
3) Change	S	CONSTANTIN CHIRIAC	1700 DOVER RD #201A
Add			DELRAY BEACH
Remove			FL 33445
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	•		
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	
, the 100	
	
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If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
,	

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The date of each amendment(s) adoption:	MAY 31, 2014	14 JUN -6 PM 3: 28
date this document was signed.		SECRETARY OF STATE TALL AHASSEE FLORIDGE
Effective date if applicable: MAY 31, 2014		
(no me	ore than 90 days after amendment j	île date)
Adoption of Amendment(s) (CHECK O	<u>NE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for approval	lders. The number of votes east for .	the amendment(s)
The amendment(s) was/were approved by the sharehoust be separately provided for each voting group e		
"The number of votes east for the amendment(s	s) was/were sufficient for approval	
by		7
(voting grou	up)	
The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action	on and shareholder
The amendment(s) was/were adopted by the incorpor action was not required.	rators without shareholder action ar	d shareholder
Dated 6/3 /2014		
Signature		
	other officer – if directors or officer – if in the hands of a receiver, trustiduciary)	
COX	ISTANTIN CHI	RIAC
(1	Typed or printed name of person sig	ning)
	mt t	
	(Title of person signing)	