

P1300045513

(Requestor's Name)

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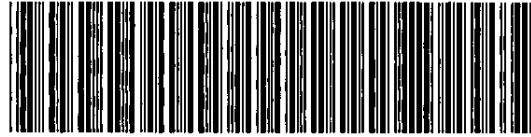
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: KIOMAR CORP

DOCUMENT NUMBER: P13000045513

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

Please return all correspondence concerning this matter to the following:

PATRICIO LAPIDOTE

Name of Contact Person

KIOMAR CORP

Firm/ Company

2044 ROCKY HILL DR

Address

DELTONA, FL 32738

City/ State and Zip Code

FLFORMSERV@GMAIL.COM

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

For further information concerning this matter, please call:

PATRICIO LAPIDOTE

Name of Contact Person

at ( 407 ) 754-8881

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)

**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

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Articles of Amendment  
to  
Articles of Incorporation  
of

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KIOMAR CORP

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

P13000045513

(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**)

EUROPEA BAKERY

3590 U.S. 17 BLDG 1026A

LAKE MARY, FL 32746

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

JOSE LAPIDOTE

2044 ROCKY HILL DR

DELTONA FL 32738

**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

(Attach additional sheets, if necessary)

*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.*

**Example:**

<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>
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### Address

2044 ROCKY HILL DR

DELTONA FL 32738

\_\_\_\_\_

\_\_\_\_\_

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**Table 1**

**Demographic characteristics of study population**

Characteristic	n (%)
Age (years)	
<60	18 (7.9)
≥60	202 (92.1)
Gender	
Male	100 (46.5)
Female	118 (53.5)
Ethnicity	
White	190 (87.5)
African American	10 (4.5)
Hispanic	10 (4.5)
Other	10 (4.5)
Marital status	
Married	100 (46.5)
Single	100 (46.5)
Widowed	10 (4.5)
Divorced	10 (4.5)
Education level	
High school or less	100 (46.5)
Bachelor's degree	100 (46.5)
Master's degree	10 (4.5)
PhD	10 (4.5)
Income (\$/year)	
<\$10,000	100 (46.5)
\$10,000–\$20,000	100 (46.5)
>\$20,000	10 (4.5)

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Age Group	All respondents (%)	Nonusers (%)	Users (%)
18-24	10.0	10.0	10.0
25-34	15.0	15.0	25.0
35-44	15.0	15.0	15.0
45-54	15.0	15.0	15.0
55-64	15.0	15.0	15.0
65-74	15.0	15.0	15.0
75+	10.0	10.0	10.0

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

The date of each amendment(s) adoption: 11/05/2014, if other than the date this document was signed.

Effective date if applicable: 11/05/2014  
(no more than 90 days after amendment file date)

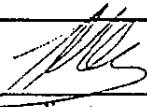
**Adoption of Amendment(s) (CHECK ONE)**

- ☐ 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 \_\_\_\_\_

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)

JOSE LAPIDOTE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)