B/17/2019

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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From:

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Phone : (954)389-1333 Fax Number : (954)389-1397

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN NAFA FAMILY INC

Certificate of Status	0
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Page Count	06
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Electronic Filing Menu

Corporate Filing Menu

Help



Tellahassee, FL 32301

(((H19000188938 3)))

		COVER LETTER	· .	
TO: Amendment Sect Division of Corp			<i>:</i>	
NAME OF CORPO	RATION: NAFA FAMILY INC	C		
DOCUMENT NUM	BER: P13000062422			
	of Amendment and fee are sub-	mitted for filing.		
Please return all corre	spondence concerning this matte	er to the following:		
	CORYDON COOK			
		Name of Contact Person	<del></del>	
	SALVER & COOK LLP		_	
		Firm/ Company	<u> </u>	
	2721 EXECUTIVE PARK ST	E 4		
		Address		
	WESTON, FL 33331			
		City/ State and Zip Code	2	
D.S.	antana@psccpas.com			
	E-mail address: (to be us	ed for future annual report	notification)	
For further informati	on concerning this matter, pleas	e call:		
DANIELLA SANT.	ANA	at (	) 389-1333 de & Daytime Telephone Number	
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made p	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43,75 Filling Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Centificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ameno Divisio Clistor	Address dment Section on of Corporations n Building	
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassec, FL 32314

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## Articles of Amendment to Articles of Incorporation

	of			•	_
NAFA FAMILY INC				. ه	, E
(Name of	Corporation as currently	filed with the Florida	Dept. of State)		<u> </u>
P13000062422	•••			٦,	
	(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1	006, Florida Statutes, this i	Florid <b>a Prof</b> lt Corporati	on adopts the following a	amendment	:(s) to
A. If amending name, enter the new na	me of the corporation:				
			7	The new	
name must be distinguishable and continuous "Corp" "Inc" or Co" or the designation of "chartered." "professional association.  B. Enter new principal office address, if (Principal office address MUST BE A STATE OF A STATE OF THE CONTINUOUS ADDRESS OF THE A POST OF THE A PO	ation "Corp." "Inc." or "( ion." or the abbreviation " if applicable: TREET ADDRESS)	Co". A professional co	rporation name must co	ntain the	
D. If amending the registered agent an new registered agent and/or the new	d/or registered office address	ress in Florida, enter th	e name of the		
	SALVER & COOK LLP	<del></del>			
Name of New Registered Agent	2721 EXECUTIVE PARK	DR STE 4			
		reet address)			
	WESTON		33331		
New Registered Office Address:		(City)	, Florida	ode)	
New Registered Agent's Signature, if signature, if signature, if signature if signa	ered agent. I am familiar	Ewith and accept the oblig			

Example:

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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:

(Assach 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>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	PSD	ROBERT E. ALFARO-CASOTTI	2721 EXECUTIVE PARK DRIVE	
Add			SUITE 4	
X Remove			WESTON, FL 33331	
2) Change	D	CORYDON COOK	2721 EXECUTIVE PARK DRIVE	
X Add			SUITE 4	
Remove			WESTON, FL 33331	
<del></del>				
3) Change	-			
Add				
Remove			· · · · · · · · · · · · · · · · · · ·	
4) Change				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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Σ. :	If amending or adding additional Articles, enter change(s) here:	
(	(Attach additional sheets, if necessary). (Be specific)	
		<b>.</b>
_		
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)	
_		

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The date of each asset	diment(s) adoption:, if other than the
iate this document was	· · · · ·
Effective date <u>if appli</u>	able:
	(no more than 90 days after amendment file date)
Note: If the date inserdocument's effective d	ted in this block does not meet the applicable statutory fiting requirements, this date will not be listed as the on the Department of State's records.
Adoption of Amendus	ent(a) (CHECK ONE)
The amendment(s) by the shansholders	was/were adopted by the shareholders. The number of votes cast for the emendment(s) was/were sufficient for approval.
The amendment(i) must be separately	wasiwere approved by the shareholders through voting groups. The following statement provided for each witing group entitled to vote reporately on the amendment(s):
The number	of votes cast for the amendment(s) was/were sufficient for approval
<del>Խ</del>	(voting group)
	(voling group)
The amendment(s) action was not requ	was/were adopted by the board of directors without shareholder action and shareholder ired.
action was not requ	
Dat	N JUNE 14 . 1818.
	(V
	(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)
	ROBERT E. ALFARO-CASOTTI
	(Typed or printed name of person signing)
•	?SD
	(Title of nerson significal)

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