Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

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#### COR AMND/RESTATE/CORRECT OR O/D RESIGN KAROL DE PAULA DECOR, CORP

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JUL 0 7 2014

# (H140001600443)

TO: Amendment Section

Division of Corpor	rauons				
NAME OF CORPOR	ATION: K	AROL D	E PAULA DE	COR CORP	
DOCUMENT NUMB	<sub>ER:</sub> P14	0000145	561	·	
The enclosed Articles of	f Amendm	nt and fee are sub	omitted for filing.		
Please return all corresp	pondence co	ncerning this mat	ter to the following:		
_		A۱	NBAL QUINT	ΓΑΟ	
		Name of Contact Person EXPRESS ACCOUNTING CORP			
-			Firm/ Company		
		3927 N. FEDERAL HWY			
-			Address		
<u>.</u>	POMPANO BEACH, FL 33064				
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For further information	For further information concerning this matter, please call:				
ANIBAL QL	JINTA	þ	_ <sub>at (</sub> 561	929-6899	
Name o	f Contact Pe	rson	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee		Filing Fee & Cate 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)	
	hng Addres	4	Street Address Amendment Section		
Amendment Section Division of Corperations		Division of Corporations			
P.O.	Box 6327		Clifto	on Building	
Tallahassee, FL 32314 2661 Executive Center Circl					
Tallahassee, FL 32301			nassee, FL 32301		

Articles of Amendment 14/400/600/443

Articles of Incorporation 14/400/600/443

### KAROL DE PAULA DECOR CORP

(Name of Corporation as currently filed with the Florida Dept. of State) P14000014561 (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." 2533 MONTCLAIRE CIRCLE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) WESTON, FL 33327 C. Enter new mailing address, if applicable: (Mailing address MAY BE A ROST OFFICE BOX) 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

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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:

(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 Anancial 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 carporation, 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:	, ana ban	y Omm, by as an nau.	
X Change	<u>PT</u>	John Doc	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	VP_	LEANDRO C DE PAULA	2533 MONTCLAIRE CIR
Add			WESTON, FL 33327
Remove			
2) Change	<u>. –</u>		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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If amending or adding addition (Attach additional sheets, if nec	nal Articles, enter change(s) here: essary). (Be specific)
- · · · · · · · · · · · · · · · · · · ·	
<u> </u>	
If an amendment provides fo	an exchange, reclassification, or cancellation of issued shares,
provisions for implementing (if not applicable, indicat	the amendment if not contained in the amendment itself:
(g nor approach, maneur	,
·	

## H140001600443

due this document was signed	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK QNE)	
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/we'e 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	
The amendment(s) was/were adopted by the board of directors without abareholder 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 07/01/2014	
Signature  (by a diffector, 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 count appointed fiduciary by that fiduciary)	
ANA KAROLINI M. DE PAULA	
(Typed or printed name of person signing)	<del>-</del>
PRESIDENT	_
(Title of person nigning)	