

P14000033955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

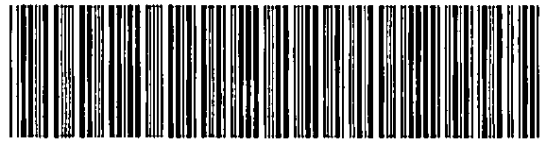
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received an email on 12/12/17
from A. Kassab concerning corrections
on the Amendment form submitted.

Office Use Only



600305133316

11/07/17--01028--011 **35.00

S TALLENT

DEC 13 2017

FILED
17 DEC 12 AM 8:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2017

ALEXANDER KASSAB
VITABOX INC
671 WEST 18TH ST
HIALEAH, FL 33010

SUBJECT: VITABOX INC
Ref. Number: P14000033955

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE USE THE PROFIT AMENDMENT FORM PROVIDED TO MAKE ALL NECESSARY CHANGES TO YOUR CORPORATION. THE \$35.00 FEE HAS ALREADY BEEN PAID. ALSO NOTE THE PRINTOUT SHOWING THE OFFICER/DIRECTORS IN YOUR CORPORATION THAT ARE HIGHLIGHTED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 317A00022772

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: VITABOX INC

DOCUMENT NUMBER: P14000033955

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

Please return all correspondence concerning this matter to the following:

ALEXANDER KASSAB
Name of Contact Person
VITABOX INC
Firm/ Company
3131 NE 188TH ST 1-1005
Address
AVENTURA FL 33180
City/ State and Zip Code

CONTACT@VITABOX.COM ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEXANDER KASSAB at (617) 4807302
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

VITABOX INC

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

P14000033955

(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)

3131 NE 188TH ST

SUITE 1-1005

AVENTURA, FL 33180

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

3131 NE 188TH ST

SUITE 1-1005

AVENTURA FL 33180

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: 3131 ne 188th st Suite 1-1005 Aventura, Florida 33180
(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). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

N/A

[illegible]

08/01/2017

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

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 12/12/2017

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)

ALEXANDER KASSAB

(Typed or printed name of person signing)

CEO

(Title of person signing)