P14000078778

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Stantiak (07) AIL OF CORPORATIONS

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: SANTA CHARON INC P14000078778 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **ROSE M SANTA** Name of Contact Person SANTA CHARON INC Firm/ Company 3217 FISHER LN Address LAKE WALES, FL 33898 City/ State and Zip Code ROSEMSANTA@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **ROSE M SANTA** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



SANTA CHARON INC

14 OCT -6 PM 2: 06

(Name of Corporation as currently filed with the Florida	Dent of State)
P1400078778	Dept. of State
(Document Number of Corporation (if know	n)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> its Articles of Incorporation:	a Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "c "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co", 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)	·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in new registered agent and/or the new registered of fice address:	Florida, enter the name of the
Name of New Registered Agent	
(Florida street add	ress)
New Registered Office Address: (City)	, Florida
(Ciţy)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with an Signature of New Registered Agent.	

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)

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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 Doe	
X Remove	<u>v</u>	Mike Jones	•
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	Р	ALBERT SANTA SR	3217 FISHER LN
Add			LAKE WALES, FL 33898
Remove			
2) Change	0	ROSE M SANTA	3217 FISHER LN
Add			LAKE WALES, FL 33898
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
- -			
Remove			

	ding additional Artic heets, if necessary).	(Be specific)			
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an amendment perovisions for im-	provides for an exch plementing the amer able, indicate N/A)	ange, reclassificat ndment if not con	tion, or cancellatic tained in the amen	n of issued shares, dment itself;	
(if not applica					
(if not applica					
(if not applica					
(if not applica					
(if not applica					
(if not applica					
(if not applica					

•	.	F TEN STATE	
• The date of each amendmen date this document was signed	t(s) adoption: N/A	Staticiáki ői stálk nyisők az tappapátians	, if other than the
Effective date if applicable:	10/03/2014	14 OCT -6 PM 2: 06	
Enecuse date <u>ii appicable</u> .	(no more	e than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ON</u>	<u>E</u>)	
	re adopted by the shareholde ere sufficient for approval.	ers. The number of votes east for the amendment(s)	
		ders through voting groups. The following statement titled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s)	was/were sufficient for approval	
by		. 22	
•	(voting group	p)	
The amendment(s) was/we action was not required.	re adopted by the board of c	directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporat	tors without shareholder action and shareholder	
Dated_10/0	03/2014		
\s	elected by an incorporator -	ther officer – if directors or officers have not been – if in the hands of a receiver, trustee, or other court	
à	ppointed fiduciary by that fi	iduciary)	
	ALBERT SANTA	A	
	(Ту	yped or printed name of person signing)	
	PRESIDENT		
	<u> </u>	(Title of person signing)	, <u></u>