P14 0000 98027

(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Business Entity Name)					
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COVER LETTER

Division of Corporations NAME OF CORPORATION: CEVIN INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARIE B. CODE, ESQ. Name of Contact Person MARIE B. CODE, ESQ., P.L. Firm/ Company 1308 SW 27TH TERRACE Address CAPE CORAL, FLORIDA 33914 City/ State and Zip Code MARIE@MARIEESQUIRE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARIE B. CODE Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Fiting Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



March 12, 2020

MARIE B. CODE, ESQ 1308 SW 27TH TERRACE CAPE CORAL, FL 33914

SUBJECT: CEVIN INC

Ref. Number: P14000098027

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

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 220A00005462

Articles of Amendment to Articles of Incorporation of

OF 2020; 23 F# 12: 00

(<u>Name</u>	of Corporation as current	lly filed with the Florida Dept. of State)
P14000098027		
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new n	ame of the corporation:	
		The new
	Corp," "Inc," or "Co".	'company," or "incorporated" or the abbreviation "Corp" A professional corporation name must contain the word
B. Enter new principal office address	if annlicable:	4109 SW 9TH PLACE
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		CAPE CORAL, FLORIDA 33914
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4109 SW 9TH PLACE
		CAPE CORAL, FLORIDA 33914
D. If amending the registered agent a new registered agent and/or the ne		
Name of New Registered Agent	KEVIN VAN WULPEN	
	4109 SW 9TH PLACE	
	(Florida st	reet address)
New Registered Office Address:	CAPE CORAL	, Florida 33914
		(City) (Zip Code)
Nian Davistan J. Aparth Signature if a	shauning Desistand toon	•.
New Registered Agent's Signature, if of I hereby accept the appointment as regis		<u>u:</u> with and accept the obligations of the position.
	A	
	of New I	Registered Agent, if changing
Check if applicable		
☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11)	(e), F.S.

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 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)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PRES	KOEN ROELENS	1404 DEL PRADO BLVD.
Add			SUITE 110
X Remove			CAPE CORAL, FL 33990
2) Change	PRES	KEVIN VAN WULPEN	4109 SW 9TH PLACE
X Add			CAPE CORAL, FL 33914
Remove Change			
Add			
Remove			
4) Change			
Add			-
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	
	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) ad	option:	, 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 ble document's effective date on the Dep	ock does not meet the applicable statutory filing records.	quirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopted action was not required.	oted by the incorporators, or board of directors withou	ut shareholder action and shareholder
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes east for ficient for approval.	or the amendment(s)
	oved by the shareholders through voting groups. The each voting group entitled to vote separately on the a	
"The number of votes east f	or the amendment(s) was/were sufficient for approva	1
by	(voting group)	
	(voting group)	
Dated 02	14 2020	
selected	by an incorporator – if in the hands of a receiver, trud fiduciary by that fiduciary)	
	Kain Van Wulpen (Typed or printed name of person signing) President	
_	(Title of person signing)	