

P150000071633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

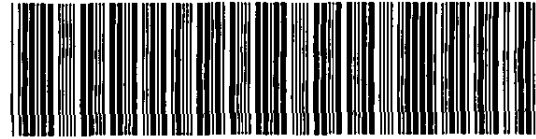
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300290503063

09/26/16--01032--001 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 OCT 11 PM 4:02

OCT 12 2016  
C MCNAIR

SEP 30 2016  
MCNAIR



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2016

JOSE ESPINAL  
HOMETOWN WHOLESALE PRODUCE INC.  
1153 MALABAR RD, NE SUITE 11-171  
PALM BAY, FL 32907

SUBJECT: HOMETOWN WHOLESALE PRODUCE INC.  
Ref. Number: P15000071633

We have received your document for HOMETOWN WHOLESALE PRODUCE 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):

The incorrect form was submitted. Please complete form pursuant to a Florida Profit Corporation, section 607.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 216A00021131

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 OCT 11 PM 4:02

# Belair Accounting Services, Inc.

1627 E. Vine St. Suite 110

Kissimmee, FL 34744

Email: [adlush@aol.com](mailto:adlush@aol.com)

Filing and Retrieval Service  
407-944-9217

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 OCT 11 PM 4:02

## FACSIMILE TRANSMISSION MEMORANDUM

DATE: OCT 11, 2016

TO: Cheryl

FROM: Luis R. Calderon

PAGES: 6

RECEIVING TELEFAX NUMBER: 850-245-6897

RE: HOMETOWN Wholesale Amended

Jurkian

If complete and legible transmission is not received, please call the sender at:  
407-944-9262 or 407-483-8907.

Note: The information contained in this transmission is attorneys-clients privileged and confidential. It is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient you are hereby notified that any dissemination, distribution or copy of this communication is prohibited. If you have received this communication in error, please notify us immediately. Thank you for your cooperation.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 OCT 11 PM 4:02

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HOMETOWN WHOLESALE PRODUCE, INC.

DOCUMENT NUMBER: P15000071633

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

Please return all correspondence concerning this matter to the following:

LUIS R. CALDERON

Name of Contact Person

BELAIR ACCOUNTING SERVICES, INC.

Firm/ Company

1627 E. VINE STREET, SUITE 110

Address

KISSIMMEE, FL 34744

City/ State and Zip Code

adlush@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS R. CALDERON

at ( 407 )

944-9262

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:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate 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)

**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

HOMETOWN WHOLESALE PRODUCE, INC.

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

P15000071633

(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)

170 CAMERON ST SE

PALM BAY, FL 32909

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

170 CAMERON ST SE

PALM BAY, FL 32909

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 JOSE LOPEZ

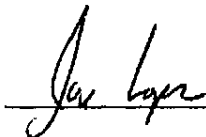
170 CAMERON STREET SE

(Florida street address)

New Registered Office Address: PALM BAY, Florida 32909  
(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

FILED  
DIVISION OF CORPORATIONS  
16 OCT 11 PM 4:02

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:

☒ Change                      PT      John Doe

☐ Remove                      V      Mike Jones

☒ Add                      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>P</u>	<u>UMBERTO ESPINAL</u>	<u>950 ITHACA AVE</u>
<input type="checkbox"/> Add			<u>PALM BAY, FL 32909</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

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 is no handwriting or other markings on the paper.

[illegible]

10/11/2016

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

Effective date if applicable: 10/11/2016  
(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 10/11/2016 \_\_\_\_\_

Signature Jose Lopez  
(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)

JOSE LOPEZ

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)