

PIS 000084235

Florida Department of State
Division of Corporations
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COR AMND/RESTATE/CORRECT OR O/D RESIGN
CFT TOURS INC.

Certificate of Status	0
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Page Count	03
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**ARTICLES OF AMENDMENT
OF
CFT TOURS INC.**

Pursuant to the provisions of section 607.1006 of the Florida Statutes, the above referenced corporation hereby adopts the following Articles of Amendment to its Articles of Incorporation:


1. The date of the filing of the Articles of Incorporation was on October 13, 2015 and assigned document number P15000084235.
2. The following Amendment to the Articles of Incorporation was adopted by the corporation:

CHANGE OF REGISTERED AGENT:

Roxanne De La Caridad Gomez Perez--
8472 SW 196 Terrace
Cutler Bay, FL 33189

The Amended Articles and each Amendment described herein were approved by the shareholders. The number of votes cast for the amendments by the shareholders were sufficient for approval. The Amendments are hereby adopted and shall be effective as of the date written below.

The Amended Articles were adopted by the Shareholders of the Corporation's Directors and Shareholders on the __ day of May, 2024.



Ricardo De Jesus Arencibia Wong
President

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.


1. The Name of the Corporation is:

CFT TOURS INC.

2. The name and address of the Registered Agent and office is:

Roxanne De La Caridad Gomez Perez – Registered Agent
8472 SW 196 Terrace
Cuttler Bay, FL 33189

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: 
Roxanne De La Caridad Gomez Perez

DATE: 5/ /2024
05/31/24

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TALAHASSEE
FLA.