

P15000094645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2018 MAR 23 PM 2:03

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Flexible Financial Services, Inc.
8800 Johnson Street
Pembroke Pines, FL 33024
Office: (954) 989-5650 Cell: (954) 540-8882
Fax: (954) 986-1747 E-Mail: LaurieAttar@yahoo.com

March 20, 2018

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

Attention: Cheryl R McNair, Regulatory Specialist II

Re: Letter Number: 618A00005191

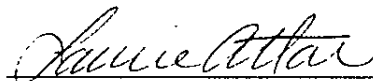
Dear Ms McNair,

This letter is to authorize you to release the name of the corporation, Island Fusion, Inc., Document Number P15000094652, as we have no intention of reinstating this corporation.

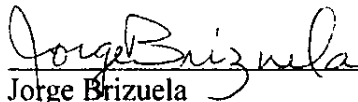
Enclosed is our Articles of Amendment for Gourmet Research, Inc., Document Number P15000094645. Please process the amendment once the name above has been released.

Thank you.

Sincerely,



Laurie Attar
Registered Agent of Island Fusion Inc.
Registered Agent of Gourmet Research Inc.
President of Flexible Financial Services Inc.



Jorge Brizuela
President of Island Fusion Inc.
President of Gourmet Research Inc.

Encl.

2018 MAR 23 PM 2:18

COVER LETTER

2018 MAR 23 PM 2:14

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Gourmet Research Inc.

DOCUMENT NUMBER: P15000094645

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

Please return all correspondence concerning this matter to the following:

Laurie Attar

Name of Contact Person

Flexible Financial Services Inc.

Firm/ Company

8800 Johnson Street

Address

Pembroke Pines, FL 33024

City/ State and Zip Code

LaurieAttar@yahoo.com

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

For further information concerning this matter, please call:

Laurie Attar

at (954)

989-5650

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

Gourmet Research Inc.

2018 MAR 23 PM 2:14

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

P15000094645

(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:

Island Fusion Inc.

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**)

4811 South State Road 7

Davie, FL 33314

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

4811 South State Road 7

Davie, FL 33314

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 Laurie Attar

8800 Johnson Street

(Florida street address)

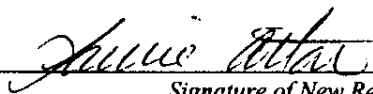
New Registered Office Address: Pembroke Pines, Florida 33024

(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

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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	<u>PST</u>	<u>Deanna Allen</u>	<u>4811 South State Road 7</u>
<input type="checkbox"/> Add			<u>Davie, FL 33314</u>
<input type="checkbox"/> Remove			
2) <input checked="" type="checkbox"/> Change	<u>V</u>	<u>Jorge Brizuela</u>	<u>4811 South State Road 7</u>
<input type="checkbox"/> Add			<u>Davie, FL 33314</u>
<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			

[illegible][illegible]

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.

March 7, 2018
Dated _____

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)

Deanna Allen

(Typed or printed name of person signing)

President

(Title of person signing)