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(R	equestor's Name)				
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DINISION OF CORPORATIONS
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**C LEWIS** 

## **COVER LETTER**

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: _ DOCUMENT NUMBER:	Vent	Tastik	inc
DOCUMENT NUMBER:	<u> 11600</u>	00001925	
The enclosed Articles of Amendm	ent and fee are su	ibmitted for filing.	
Please return all correspondence c	oncerning this ma	tter to the following:	
	Mich	Name of Contact Person	JSOR
460	o Sum	Firm/Company	C2-278
		Address  Fl 339  City/ State and Zip Code	
– Ve E-mail	uttasti address: (to be us	ko yahoo.c	notification)
For further information concerning	g this matter, pleas	se call:	
SALVATORO Name of Contact P	Luca	at ( 239	908 - 1284 de & Daytime Telephone Number
Enclosed is a check for the following			
<del>-</del>	75 Filing Fee & ficate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations	Amend Divisio Clifton	Address Iment Section on of Corporations Building xecutive Center Circle

Tallahassee, Fl. 32301

## Articles of Amendment to Articles of Incorporation

FILEE) SECRETARY OF STATE DIVISION OF CORPORATIONS

Vent-tastik inc

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of Corporation as currently filed with the Florida Dept. of State) D1600000 1925 (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: 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 <u>MUST BE A STREET ADDRESS</u>) 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 Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent New Registered Office Address: 4600 Summer Lin Rdc-278 Florida 33919

Fort Myels, FL, 3391 (apcode) 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.

X Remove  X Add  X Add  SV Sally Smith  Type of Action (Check One)  Change  P Michael wonsor 4600 summering Rd-C2-8  Add  X Remove  2) Change  P Salvatore luck  Y Mike Jones  Address  Address  Address  4600 summering Rd-C2-8  Fort myers fl  33919.  Y Add  Fort myers fl  33919.	
Type of Action (Check One)  1) Change	
Check One)  1)Change PMichae   wonsor 4600 summering Rd - C2-8Add	
1)Change PMichae   wonsor 4600 summering Rd-C2-8Add	
X Remove  2)Change P SAlvatore luck 4600 Summer linkd. C2-27  X Add Fort Myers fl	<b>a</b> 7
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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)	
Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	ONVIERON
☐ 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):	SECRETARY OF SERVICE SECRETARY SECRE
"The number of votes east for the amendment(s) was/were sufficient for approval	PH SSA
by	: 2
(voting group)	2 %
☐ 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	
Signature Muchael Wayson	
(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)	
(Typed or printed name of person signing)	
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(Title of person signing)	