

07/15/2016

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Division of Corporations

P 11/07

P160000016285

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
RHONE FLORIDA INC.**

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7/12/2016 8:57:01 AM PAGE 1/001 Fax Server



July 12, 2016

RHONE FLORIDA INC.
1001 BRICKELL BAY DRIVE
SUITE 3112
MIAMI, FL 33131US

SUBJECT: RHONE FLORIDA INC.
REF: P16000016285

FLORIDA DEPARTMENT OF STATE
Division of Corporations

*Please keep original
letter of Submission*

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

ONLY CHECK ONE BOX ON PAGE 4 OF 4

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.

Cathy A Carrothers
Regulatory Specialist

FAX Aud. #: H16000166819
Letter Number: 216A00014469

RECEIVED
16 JUL 18 AM 7:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: RHONE FLORIDA INC.

DOCUMENT NUMBER: P16000016285

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

Please return all correspondence concerning this matter to the following:

MARIELLA MARTINEZ

Name of Contact Person

THE CANTOR GROUP

Firm/ Company

2601 SOUTH BAYSHORE DR. SUITE 1800

Address

MIAMI, FL 33133

City/ State and Zip Code

Mariella.Martinez@cantorgrouplaw.com

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

For further information concerning this matter, please call:

MARIELLA MARTINEZ

at (305) 374-3886

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

16 JUL 11 PM 4:39
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE

16 JUL 11 PM 11:39
SECTION 607.1006, FLA. STAT.
DESIGNATION OF CORPORATIONS

Articles of Amendment
to
Articles of Incorporation
of

RHONE FLORIDA INC.

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

P16000016285

(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**)

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

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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:

☒ Change PT John Doe
☒ Remove V Mike Jones
☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) <input checked="" type="checkbox"/> Change	PVTSD	MARK RICHFORD	1001 BRICKELL BAY DR.
<input type="checkbox"/> Add			SUITE 3112
<input type="checkbox"/> Remove			MIAMI, FL 33131
2) <input type="checkbox"/> Change	PVTSD	ROLAND IAN WYATT	2601 SOUTH BAYSHORE DR.
<input type="checkbox"/> Add			SUITE 1800
<input checked="" type="checkbox"/> Remove			MIAMI, FL 33133
3) <input type="checkbox"/> Change	D	KIMBERLY STRACHAN	2601 SOUTH BAYSHORE DR.
<input checked="" type="checkbox"/> Add			SUITE 1800
<input type="checkbox"/> Remove			MIAMI, FL 33133
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			

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.

Dated July 11th, 2016

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)

Jessica Morales

(Typed or printed name of person signing)

Attorney in Fact

(Title of person signing)