

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000235893 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORP USA Account Number: 072450003255

Phone

Fax Number

: (305)634-3694 : (305)633-9696

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

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN MAX ESCOBAR ENTERTAINMENT INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00



Electronic Filing Menu

Corporate Filing Menu C. GOLDEN Helo

SEP - 1 2017

https://efile.sunbiz.org/scripts/efilcovr.exe

8/31/2017

CORP USA

417000235843

Articles of Amendment to Articles of Incorporation FILED

2017 AUG 3 | AM 9: 24

	·
1AX BSCOBAR ENTERTAINMENT INC	The second
	rrently filed with the Florida Dent. or State)
16000081130	
(Document Num	nber of Corporation (if known)
rsuant to the provisions of section 607.1006, Florida Statutes Articles of Incorporation:	s, this Flurida Profit Corporation adopts the following amendment(s) to
If amonding name, unter the new name of the corporation	<u>m:</u>
	The new
ime must be distinguishable and contain the word "corpo Carp.," "Inc.," or Co.," or the designation "Corp.," "Inc." ord "chartered," "professional association," or the abbrevial	oration," "company," ar "incorporated" or the abbreviation or "Co". A professional corporation name must contain the tition "P.A."
Enter new principal office address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	
	,
If amending the registered agent and/or registered office new registered agent and/or the new registered office add	address in Florida, enter the name of the
	
Name of New Registered Agent	
(Flavier)	da street address;
(Prorto	न्य अन्दर्श व्यवस्थाः
New Registered Office Address:	(City) , Florida (Zip Code)

Page 1 of 4

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 PSF and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Saily Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Saily Smith, SV as an Add.

Example:

X Change	<u>71</u>	John Doe	
X Remove	<u>y</u>	Mike Jones	
X Add	<u>v2</u>	Selly Smith	
Type of Action (Check One)	Title	Neine	Vqqtiess
1) Change	ם	JOSE R. CORREA	127 CREMONT DR
X Add			WINTER HAVEN, FL 33884
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4)Change		<u> </u>	
Add			
Remove			
J) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Page 2 of 4

f	or adding adding addinates, if	necessary).	(Be specific,	1				
								
								_
							-	1
				ye.	 -			
		<u>.</u>		<u></u>	·			·
					-			-
					,			
							-	
						 -		
	 -					<u></u>		
		_						
			 -	·-····································				
								
	-							
			_			· ····		~
οι ολιειόνε (ο	ent provides for implemently plicable, indica	<u>r t</u> he amenda	ze, roclassifi nent if not c	extion, or ca ontained in (inecliation of the amending	listical share int itsolf:	<u>:s</u> .	
								-
_	-		 -			<u> </u>		
				-				
							·	
								_
								-

Page 3 of 4

The date of each amendment(s) a	loption;	if other than the
date this document was signed.		
Essective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bidocument's effective date on the De	lock does not meet the applicable statutory filing requirements, partment of State's records.	this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amend fficient for approval.	iment(s) ·
	roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment(
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pled by the board of directors without shareholder action and shar	cholder
☐ The amendment(s) was/vere ado action was not required.	oted by the incorporators without shareholder action and sharehol	der
Dated	70/17	
Signature	Enrigu Ogando	
(By a di selected	rector, president of other difficer — if directors or officers have not , by an incorporator — if in the hands of a receiver, trustee, or other id fiduciary by that fiduciary)	
	ENRIQUE OGANDO	
•	(Typed or printed name of person signing)	
	PRESIDENT	
•	(Title of person signing)	

Page 4 of 4

HIT 000231893