

PI6000093839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

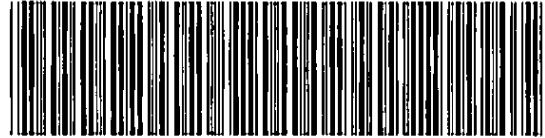
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10/16/20--01007--014 **35.00

R. WHITE

DEC 10 2020

10/16/20--01007--014

10/07/2020

Internal Revenue Services Center
Attn: EIN Operation
Cincinnati, OH 45999

Ref.: **CHANGE OF BUSINESS ADDRESS AND REGISTERED AGENT**

To Whom It May Concern:

I, CLAUDIA REGINA C. RICCI, owner of GLOBAL WINGS GROUP CORP,
EIN 35-2578358, following are the new change:

- CHANGE BUSINESS ADDRESS:
OLD ADDRESS: 411 SE MIZNER BLVD STE 72, MHS 1227
BOCA RATON, FLORIDA 33432

NEW ADDRESS: 23269 STATE ROAD 7, SUITE 119
BOCA RATON, FLORIDA 33428
- CHANGE OF REGISTERED AGENT :
NEW REGISTERED AGENT: RAFAELA NUNES VIEIRA, MANAGER OF
PRIME INCOME TAX AND ACCOUTING LLC
- **IT'S CHANGED ON THE DEPARTMENT OF FLORIDA ALREADY (SUNBIZ).**

I'll be looking forward to your reply,

Sincerely,

CRC Ricci
CLAUDIA REGINA C. RICCI



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020-11-20 09:47

November 20, 2020

CLAUDIA REGINA C RICCI
23269 STATE RD 7 STE 119
BOCA RATON, FL 33428

SUBJECT: GLOBAL WINGS GROUP CORP
Ref. Number: P16000093839

We have received your document for GLOBAL WINGS GROUP CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 620A00023507

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GLOBAL WINGS GROUP CORP

DOCUMENT NUMBER: P16000093839

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

Please return all correspondence concerning this matter to the following:

CLAUDIA REGINA C. RICCI

Name of Contact Person

GLOBAL WINGS GROUP CORP

Firm/ Company

23269 STATE ROAD 7, SUITE 119

Address

BOCA RATON, FLORIDA 33428

City/ State and Zip Code

primeincometax1@gmail.com

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

For further information concerning this matter, please call:

CLAUDIA REGINA C. RICCI

Name of Contact Person

at (561) 409 3106

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

GLOBAL WINGS GROUP CORP

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

P16000093839

(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)

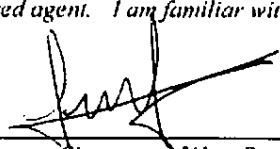
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent RAFAELA NUNES VIEIRA- PRIME INCOME TAX AND
PRIME INCOME TAX AND ACCOUNTING- 23269 ST RD 7, ST 119
(Florida street address)

New Registered Office Address: BOCA RATON, Florida 33428
(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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

CR

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 type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<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	_____	_____	_____

2

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

CHANGE OF REGISTERED AGENT

NEW REGISTERED AGENT: RAFAELA NUNES VIEIRA,

MANAGER OF PRIME INCOME TAX AND ACCOUNTING LLC

LOCATED ON THIS ADDRESS: 23269 STATE ROAD 7, SUITE 119- BOCA RATON, FL 33428

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

02

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 incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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 2 _____"
(voting group)

Dated 10/07/2020

Signature CR Ricci
(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)

CLAUDIA REGINA C. RICCI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)