

P170000028529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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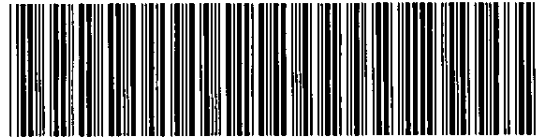
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 22 2017  
S. PRATHER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MOANAS DESIGNS TEAM INCmoa

**DOCUMENT NUMBER:** P17000028529

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

Please return all correspondence concerning this matter to the following:

HECTOR TABLANTE

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/ Company

13034 OVERSTREET RD

\_\_\_\_\_  
Address

WINDEREMERE FL 34786

\_\_\_\_\_  
City/ State and Zip Code

MOSPINO77@HOTMAIL.COM

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

For further information concerning this matter, please call:

Hector Tablante at ( 407 ) 779-4212  
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

MOANAS DESIGNS TEAM INC

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

P17000028529

(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: \_\_\_\_\_, Florida \_\_\_\_\_  
(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*

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TALLAHASSEE, FL 32399



**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

N/A

**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)*

N/A

05/15/2017

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

05/15/2017

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.

05/15/2017  
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)

HECTOR TABLANTE

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

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TALLAHASSEE, FLORIDA

## Detail by Entity Name

Florida Profit Corporation

MOANAS DESIGNS TEAM INC

### Filing Information

**Document Number** P17000028529  
**FEI/EIN Number** NONE  
**Date Filed** 03/27/2017  
**Effective Date** 03/27/2017  
**State** FL  
**Status** ACTIVE

### Principal Address

13034 OVERSTREET RD  
4812  
WINDEREMERE, FL 34786 UN

### Mailing Address

13034 OVERSTREET RD  
4812  
WINDEREMERE, FL 34786 UN

### Registered Agent Name & Address

TABLANTE, HECTOR J  
13034 OVERSTREET RD  
WINDERMERE, FL 34786

### Officer/Director Detail

#### **Name & Address**

Title P

TABLANTE, HECTOR J  
13034 OVERSTREET RD  
WINDERMERE FL, FL 34786

Title VP

MACIAS, NAPOLEON  
13034 OVERSTREET RD  
WINDERMERE, FL 34786

### Annual Reports

**No Annual Reports Filed**

### Document Images

03/27/2017 -- Domestic Profit [View image in PDF format](#)

5/16/2017

Detail by Entity Name

DIVISION OF CORPORATIONS



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