

1/18/2019

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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(((H19000022008 3)))



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To:

Division of Corporations  
Fax Number : (850)617-5380

From:

Account Name : LENSUR CORP  
Account Number : I20180000038  
Phone : (305)364-8824  
Fax Number : (305)364-8824

**\*\*Enter 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  
JUST 4 BODY USA CORP**

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2019 JAN 22 PM 3:57

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TALLAHASSEE, FL

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January 22, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

JUST 4 BODY USA CORP  
6447 MIAMI LAKES DRIVE EAST  
STE 103F  
MIAMI LAKES, FL 33014

SUBJECT: JUST 4 BODY USA CORP  
REF: P17000035454

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

C & A, LLC - L04000078330

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.

Shelia H Young  
Regulatory Specialist II

FAX Aud. #: H19000022008  
Letter Number: 319A00001538

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SECRETARY OF STATE  
TALLAHASSEE, FL

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: JUST 4 BODY CORP

DOCUMENT NUMBER: P17000035454

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

Please return all correspondence concerning this matter to the following:

NELSON ODELLA  
Name of Contact Person  
PRESIDENT  
Firm/ Company  
6187 NW 167 ST STE H40  
Address  
MIAMI, FL 33015  
City/ State and Zip Code

lensur-accounting@live.com

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

For further information concerning this matter, please call:

NELSON ODELLA at ( 305 ) 3648824  
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:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

JUST 4 BODY USA CORP

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

P17000035454

(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:**

BANELCO CORP

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**)

6447 MIAMI LAKES DRIVE EAST

STE 103 F

MIAMI LAKES, FL 33014

**C. Enter new mailing address, if applicable:**(Mailing address **MAY BE A POST OFFICE BOX**)

6447 MIAMI LAKES DRIVE EAST

STE 103 F

MIAMI LAKES, FL 33014

**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 type="checkbox"/> Change	P/S	NELSON ODELLA	6187 NW 167 ST STE H40
<input type="checkbox"/> Add			MIAMI, FL 33015
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	P/S	LAURA PERDOMO	6447 MIAMI LAKES DRIVE EAS
<input checked="" type="checkbox"/> Add			STE 103 F
<input type="checkbox"/> Remove			MIAMI LAKES, FL 33014
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			



The date of each amendment(s) adoption: 01/18/2019 if other than the date this document was signed.

Effective date if applicable: 01/18/2019  
(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.

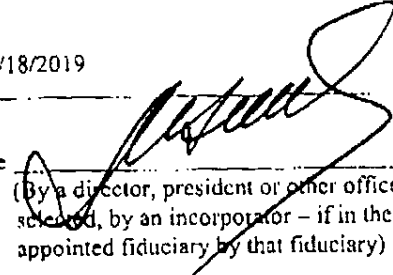
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"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 01/18/2019

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)

NELSON ODELLA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)