

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	<u></u>	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·

Office Use Only



600315140806

06/28/18--01013--019 **35.00

FILED
18 JUN 23 AN ID: 04

تستير

JUL 0 2 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CHRISTINA SAL	SONE INC		
DOCUMENT NUMI	BER:P18000027039			
	of Amendment and fee are su	abmitted for filing.		
Please return all corre	spondence concerning this ma	itter to the following:		
	JAMES H COLLIER SR			
		Name of Contact Perso	<u> </u>	_
	COLLIER'S ACCOUNTING	SERVICE, INC.		
		Firm/ Company		_
	8812 SHENANDOAH LAN			
		Address		_
	HUDSON, FL 34667-2721			
		City/ State and Zip Cod	c	_
ICOL	JL158@YAHOO.COM			
	-	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
JAMES H COLLIER	SR	at (727	868-6020	٠٠ (١٣١١)
Name o	of Contact Person	Area Co	de & Daytime Telephone Numb	oer
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	,
■ \$35 Filing Fee	☐S43.75 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)	ETED MICHON
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 phassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	01

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

FILED

18 JUN 28 AM 10: 04

CHRISTINA SALSONE INC	କୃତ୍ୟ ଅଧିକ ପ୍ରମୁଲିନ୍ଦ୍ର
(Name of Corporation as cu	trrently filed with the Florida Dept. of State)
	nber of Corporation (if known)
	•
Pursuant to the provisions of section 607,1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	on:
CRISTINA SALSONE INC.	The new
name must be distinguishable and contain the word "corp "Corp," "Inc," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevia	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
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 new registered agent and/or the new registered office agent.	e address in Florida, enter the name of the ddress:
Name of New Registered Agent	
(Flor	rida street address)
New Registered Office Address:	. Florida
· · · · · · · · · · · · · · · · · · ·	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered is I hereby accept the appointment as registered agent. I am fan	
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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Articles. Attach additional sheets, if necessary). (B	e specific)	_		
	. <u>-</u>			
		-		
				–
f an amendment provides for an exchang provisions for implementing the amendm (if not applicable, indicate N/A)	e, reclassification, on the left of the le	or cancellation of is: I in the amendment	sued shares, itself:	
<u> </u>				
.			-	
_				-

•	06/26/2018	
The date of each amendment(s) addate this document was signed.	loption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment() thicient for approval.	s)
	proved by the shareholders through voting groups. The following statem each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and sharehold	er
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
06/26/2018	3	
Dated	7 × 122 V. C.	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other couted fiduciary by that fiduciary)	
	CRISTINA M SALSONE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	