## P2000001555

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Royal Paradise Co	orp	
DOCUMENT NUM	D20000015550		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	Linnet Ferrer		
		Name of Contact Person	n
	Royal Paradise Corp		
		Firm/ Company	
	213 NW 14th ST		
		Address	
	Cape Coral, FL 33993		
		City/ State and Zip Cod	
	royalparadisecorp@gmail.co	m	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Linnet Ferrer		at (239	245-2986
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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)
Ame Divi P.O	ding Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

Royal Paradise Corp		
(Name of Corporation as current	tly filed with the Florida Dept. of State)	
P20000015559		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendn	nent(s) i
A. If amending name, enter the new name of the corporation:		
	The ne	' <b>H</b> '
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the wor	rd
B. Enter new principal office address, if applicable:	213 NW 14th ST	_
(Principal office address MUST BE A STREET ADDRESS)	Cape Coral FL 33993	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	213 NW 14th ST	<u>.</u>
	Cape Coral FL 33993	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address		
Name of New Registered Agent N/A		;
(Florida s	street address)	ŗ. ·
Var. Davissand Office Address	F1:4-	<u> </u>
New Registered Office Address:	(City) , Florida (Zip Code)	
		۲.
		 Œ
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar		
, hereby decept the appointment as regime, to age in a familiar		
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.	

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)

Example:

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.

X Change	PT	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>	<u>Addres</u> s
1) Change	V	Linnet Ferrer	213 NW 14th ST
X Add			Cape Coral FL 33993
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			;
4) Change		_	· · · · · · · · · · · · · · · · · · ·
Add			·
Remove			
5) Change			:
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
4		
· ·		
<del></del>		
		···-
lf an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the am	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
<b>.</b>		
	<del></del>	

The date of each amendment date this document was signed		if other than the
Effective date if applicable:	01/17/2024	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date will no he Department of State's records.	t be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer action was not required.	re adopted by the incorporators, or board of directors without shareholder action and sha	ıreholder
☐ The amendment(s) was/wei by the shareholders was/wei	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
must be separately provide	re approved by the shareholders through voting groups. The following statement and for each voting group entitled to vote separately on the amendment(s):  seese for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voling group)	
01/17/ Dated	/2024	
Signature		
(B se	y a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	An Tomio M Plasen (1A) (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	<del></del> :,
	President	
	(Title of person signing)	