## P200000 21382

(Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
PI Mis	Dir
\	Office Use Only



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APR 2 D 2020

April 7, 2020

CAMILO MOREDO 2905 LAURA LN PALM SPRINGS, FL 33406

SUBJECT: I BOUNCE PARTY RENTAL, CORP

Ref. Number: P20000021382

We have received your document for I BOUNCE PARTY RENTAL, 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):

Page one is missing from the document. Please see the enclosed information.

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

www.sunbiz.org

Letter Number: 920A00007409

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: 1 BOUN	CC PARTY	ARN TALICORP			
DOCUMENT NUMB		•				
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.				
Please return all corresp	ondence concerning this ma-	tter to the following:				
-	CAMI	ho Mode Name of Contact Person	00			
-	Aug France	Firm/ Company				
-	944 FRANCI	Address				
-	W.P.B, FA	2 3 3 4 0 5 City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, pleas	se call:				
CAMILOY	no Re De	at (at Co	_) <b>255-1/4 5</b> de & 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	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ame Divis	ing Address ndment Section sion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations entre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation

of

I Sounce Party Route	filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this $F$ its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co". Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany," or "incorporated" or the abbreviation "Corp.,"
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 address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	, Florida
6	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position ,
Signature of New Re	gistered Agent, if changing
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c)	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)

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	PT John D	loe	
_ •	- <del></del> -		
X Remove	<u>V</u> <u>Mike J</u>	<u>ones</u>	
X Add	SV Sally S	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
l) _X_ Change	E	<u>Camilo Moredo</u>	2905 Laura la Palm Spiens
Add			
Remove			
2) _X Change	<u>D</u>	Camilo Horedo	2905 Laura In Palm Springs
Add			
Remove 3) _x_ Change	<u>CF</u>	Darian Falcon	944 Francis St W.P.B, FL
Add			3340=
Remove			
4) X Change	D_	Darian Falcon	944 Francis St WPB A 334
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

The date of each amendment(s) adoption: _ date this document was signed.		,	, if other than the
Effective date if applicable:	03/18/20 (no more than 90 days afte	20 er amendment file date)	
<b>Note:</b> If the date inserted in this block does document's effective date on the Department of		tory filing requirements	, this date will not be listed as the
Adoption of Amendment(s) ( <u>C</u>	HECK ONE)		
The amendment(s) was/were adopted by the action was not required.	e incorporators, or board of d	irectors without shareho	lder action and shareholder
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		of votes cast for the ame	ndment(s)
☐ The amendment(s) was/were approved by t must be separately provided for each votin			
"The number of votes cast for the am	endment(s) was/were sufficie	nt for approval	
by	2 oting group)		
(ve	oting group)		
Dated	3/18/2010		
Signature	£11)		
selected, by an in-	sident or other officer – if dir corporator – if in the hands of ry by that fiduciary)		
	Camilo Hor (Typed or printed name of p	redo erson signing)	
	F		
	(Title of person signing)		