P20 0000 57906

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
<u> </u>
Special Instructions to Filing Officer:

Office Use Only



700356477037

12/28/20--01029--022 **43.75

1)(((=)

FEB 1 0 2021

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PROFAN CORP		
DOCUMENT NUM	BER:		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	LUIGI CUCURULLO		
		Name of Contact Persor	1
	PROFAN CORP		
	*****	Firm/ Company	
	66 W FLAGLER STREET S	UITE 900	
		Address	
	MIAMI - FL - 33131		
		City/ State and Zip Code	e
	info@profancorp.com		
	· .	sed for future annual report	notification)
For further informatic	on concerning this matter, pleas	se call:at (786	8051761
Name of Contact Person			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)	S52.50 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		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

(Name of Corpora	tion as currently filed with the l	Florida Dept. of State)	
P20000057906			
(Doct	ament Number of Corporation (if	known)	
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	da Statutes, this <i>Florida Profit Ca</i>	prporation adopts the following	ng amendment(s) t
A. If amending name, enter the new name of the	corporation;		
			_The new
name must be distinguishable and contain the word " "Inc.," or Co.," or the designation "Corp," "Inc "chartered," "professional association," or the abb	v." or "Co". A professional co		on "Corp.,"
B. Enter new principal office address, if applicab (Principal office address <u>MUST BE A STREET AD</u>			
. 2			2
C. Enter new mailing address, if applicable:			S
(Mailing address MAY BE A POST OFFICE B	<u>(OX</u>)		• • •
			. :
			
D. If amending the registered agent and/or registered new registered agent and/or the new registered.		nter the name of the	
			
Name of New Registered Agent			_
	(Florida street address)		_
New Registered Office Address:		, Florida	
Ach registerta opple rauress.	(City)		Codes
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		e obligations of the position.	
	0.1		
	nature of New Registered Agent, i	t chanaina	_
/ orgi	autare oj ivew Registereu Agent, i	(Caunging	

Check if applicable

PROFAN CORP

☐ 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)

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	V	Mike Jones		
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) Change	P	EGIDIOMARIO FANCIANO	10500 NW 26TH ST STE A-101	
Add			DORAL, FL, 33172	
X 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 Art Mach additional sheets, if necessary).	(Be specific)
	
	 ·
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

.

•

The date of each amendment(s) adoption:date this document was signed.	, if other than
Effective date if applicable:	tfier amendment file date)
(no more than 90 days o	gter amenament fue aate)
Note: If the date inserted in this block does not meet the applicable stadocument's effective date on the Department of State's records.	atutory filing requirements, this date will not be listed as
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the incorporators, or board o action was not required.	f directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	er of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through vermust be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were suffice	cient for approval
by	<u> </u>
(voting group)	
09/11/2020	
Dated	
Signature	tirectors or afficers have not been
selected, by an incorporator – if in the hands	
appointed fiduciary by that fiduciary)	
LUIGI CUCURULLO	
(Typed or printed name of	person signing)
PRESIDENT	
(Title of person signing)	

the

the