Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000362100 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SERVICELL WIRELESS REPAIR CENTER, CORP.

Account Number : I20160000091 Phone : (305)635-9694 Fax Number : (305)635-9868

\*\*Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please. \*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN ROYALE COCONUT CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

SEP 2 9 2021

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

	Articles of Am	endment	HZ1 600.	36 2 too	ATX1
	to Articles of Inco of	orporation		SECRI	2021
ROYALE COCONUT CORP				AT A	43S
(Name of C	orporation as currently file	d with the Florida Dep	t. of State)	<u> </u>	-1-8 <u>-</u>
P20000079539				Eg	e m ≥ c
	(Document Number of Co	rporation (if known))		LOR LOR	<u>0</u>
Pursuant to the provisions of section 607.10 to its Articles of Incorporation:	006, Florida Statutes, this <i>Flo</i>	orida Profit Corporatio	on adopts the follow		tell (s)
A. If amending name, enter the new name	ne of the corporation:				
N/A				The	пөw
name must be distinguishable and contain t "Inc.," or Co.," or the designation "Corp," "li "chartered," "professional association," or the	nc," or "Co". A professional	nany," or "incorporaled" corporation nam <del>e</del> must	or the abbreviation contain the word	n "Corp.,"	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4608 NW 114TH AV	E		
		APT 1103			
		DORAL, FL 33178		<del></del>	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4608 NW 114TH AV	ξ	<del></del>	<del></del>
		APT 1103			
		DORAL, FL 33178			<del></del>
D. If amending the registered agent and new registered agent and/or the new	for registered office address:	s in Florida, enter the	name of tho		
Name of New Registered Agent:	N/A				
	(Florida	a street address)			
New Registered Office Address:	N/A	24.3	, Florida	471 A 4 1	
	(0)	ity)		(Zip Code)	
New Registered Agent's Signature, if cha- i hereby accept the appointment as registere		nd accept the obligation	ns of the position.		
	Signature of New Registered	Agent, if changing			

Check If applicable

[X] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

ROYALE COCONUT CORP

H210003621603

LTY1

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	<u> 19</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>	<u>Address</u>
1) Change	N/A	<u>N/A</u>	N/A
Add			
Remove			<del></del>
2) Change			
Add			
Remove			<u></u>
3) Change		·-	<u></u>
Add			
Remove		•	
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

F. If amending or adding additional Articles, pates showed beauty	1-1210603621003 ATX
E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	. 40
( modification should, if hocessary), (be specific)	
N/A	
If an amendment provides for an exchange, reclassification, or cancellation	on of issued shares,
provisions for implementing the amendment if not contained in the amer	ndment Itself:
(if not applicable, indicate N/A)	
N/A	
NA	<u> </u>
	<del></del>
<del>,,,</del>	

ROYALE	COCONUT	CORP		•			ATX1
The date of each as	mendmen	t(s) adoption:		9/20/2021	if other	r than ti	
date this document	was signe	d.			, , it outle	i niciti	. 15
Effective date If ap	plicable:			9/20/2021			,
			(no more than \$	30 days after amendment file date)	<del></del>		
				r			
Note: If the date ins document's effective	ertod in this date on t	is block does r he Departmen	not meet the applicable state of State's records.	atutory filing requirements, this date :	will not be listed as th	<del>le</del>	
Adoption of Amend	dment(s)	( <u>c</u>	HECK ONE)				,
X The amendment action was not re	(5) was <i>i</i> we equired.	ere adopted by	the incorporators, or boar	rd of directors without snareholder a	ction and shareholder	r	
The amendment by the sharehold	(8) wes/wo w/ssw end	ire adopted by ere sufficient fo	the shareholders. The nu or approval.	mber of votes cast for the amendme	nt(s)		••
The amendments must be separate	(s) waslwe ely provide	ere approved b od for each voti	y the shareholders throug ing group ontitled to vote s	h voting groups. The following states separatoly on the amendment(s):	nent :	SEUR	2021 9
	er of votes	cast for the a	mendment(s) was/were si	ufficient for approval		HASSE	SEP 28
by			<del></del>		į	, c.	
		•	(voting group)			<u> </u>	<u>**</u>
			·			으共	ö
ı	Dated		9/20/2021		;		59
	_	Polo	12			D	9
	Signature	/By a dispator	rams	- IE discoult of the			
		selected by	an incomprator — If in the	r – If directors or officers have not be hands of a receiver, trustee, or other	ion		
•			duciary by that fiduciary)	richus ut a receiver, mustee, or otho	rcourt		
•	•	CARL	OS J RAMOS				
*			(Typed or printed n	ame of person signing)			
		PRES	IDENT				
			(Title of person sign	ning) -		-	