Paucoults64

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

Office Use Only



900434170069

08/07/24--01047--013 **43.75

2024 AUG - 7 AM 9: 02

COVER LETTER

TO: Amendment Section Division of Corporations

• • • • • •

NAME OF CORPOR	RATION: CORPCREATEUS	INC			
DOCUMENT NUMI					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corres	spondence concerning this ma	tter to the following:			
	SIMON B HOWELL				
		Name of Contact Persor	1		
	HOWELLINTERNATIONA	L TAX			
		Firm/ Company			
	8701 W IRLO BRON SON MEMORIAL HWY SUITE 100				
	Address				
	KISIMMEE, FLORIDA 347-	1 7			
		City/ State and Zip Code	2		
	SIMON.HOWELL@HOWE	LLINTERNATIONALTA	ССОМ		
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas				
SIMON b HOWELL		at (
Name of Contact Person		at (407) 245-7600 Area Code & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CORPCREATEUS INC					
(Name o	of Corporation as curren	tly filed with the Florida Dept. of St	ate)		
P24000040564					
	(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s <i>Florida Profit Corporation</i> adopts th	he following	amendment(s) to	
A. If amending name, enter the new n	ame of the corporation:		,	The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	Torp, " "Inc," or "Co".	A professional corporation name n	abbreviation	"Corp"	
B. Enter new principal office address, if applicable:		1629 Riverview Road Apt 820			
(Principal office address MUST BE A S		Deerfield Beach	Deerfield Beach		
		Florida 33441		P-1	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		629 Riverview Road Apt 820	SE CRIT	024 AU	
	<u> </u>	Deerfield Beach		F-1	
		Florida 33441			
D. If amending the registered agent an new registered agent and/or the ne	nd/or registered office ad- w registered office addres	dress in Florida, enter the name of t	1081 1080 he	9: 02	
INTERNATIONAL MA		NAGEMENT (FLORIDA) LLC	:; •	•	
Name of New Registered Agent	8701 W Irlo Bronson Memorial Hwy, Suite 100				
	(Florida s	treet address)	•••		
New Registered Office Address:	Kissimmee		34747 da		
	(City)		(Zip Co	rde)	
New Registered Agent's Signature, if c I hereby accept the appointment as regis.	hanging Registered Ager tered agent. I am familian	nt; with and accept the obligations of the	e position,		
	Signature of New	Registered Agent, if changing			
Check if applicable	Signature of New	педтегва лувт, у спапуту			

☐ 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	<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>		<u>Addres</u> s
1) Change	PD	Patricia R	OMANO	1629 Riverview Road Apt 820
x Add				Deerfield Beach
Remove				Florida 33441
2) Change	s	Simon B	HOWELL	8701 W Irlo Bronson Mem Hwy
Add				Suite 100, Kissimmee
X Remove 3) Change				Florida 34747
Add				
Remove				
4) Change			·	
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
Add				
Remove				

	(Be specific)			
.,,				
				<u> </u>
	- 			
	_			
			,	
				
				- -
				
	,			
an amendment provides for an exchange in a contract of the same	unge, reclassification, or	cancellation of is	sued shares,	
an amendment provides for an exch rovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or adment if not contained	cancellation of is in the amendmen	sued shares, t itself:	
rovisions for implementing the ame	nange, reclassification, or ndment if not contained	cancellation of is in the amendmen	sued shares, t itself:	
rovisions for implementing the ame	nange, reclassification, on adment if not contained	cancellation of is in the amendmen	sued shares, t itself:	<u>-</u>
rovisions for implementing the ame	nange, reclassification, or ndment if not contained	cancellation of is in the amendmen	sued shares, t itself:	
rovisions for implementing the ame	nange, reclassification, o ndment if not contained	cancellation of it in the amendmen	sued shares, t itself:	-
rovisions for implementing the ame	nange, reclassification, o ndment if not contained	cancellation of is in the amendmen	sued shares, t itself:	
rovisions for implementing the ame	nange, reclassification, o ndment if not contained	cancellation of it in the amendmen	sued shares, t itself:	
rovisions for implementing the ame	nange, reclassification, o ndment if not contained	cancellation of is in the amendmen	sued shares, t itself:	
rovisions for implementing the ame	nange, reclassification, o ndment if not contained	cancellation of is	sued shares, t itself:	
an amendment provides for an exch rovisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, o	cancellation of is	sued shares, t itself:	

. . .

	doption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	date)
Note: If the date inserted in this ladocument's effective date on the D	block does not meet the applicable statutory filing requirepartment of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad action was not required.	opted by the incorporators, or board of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes east for the form of the shareholders.	he amendment(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The for each voting group entitled to vote separately on the american	llowing statement ndment(s):
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
07/31/202	4	
DatedSignature(By a c	director president or other officer – if directors or officers	have not been
selecti	ed, by an incorporator – if in the hands of a receiver, truste and fitueiary by that fiduciary)	
	Simon B Howell	
	(Typed or printed name of person signing)	
	Secretary / Incorporator	

(Title of person signing)

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: CORPCREATEUS	SINC			
DOCUMENT NUM	P24000040564				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	SIMON B HOWELL				
		Name of Contact Person	n		
	HOWELLINTERNATIONA	L TAX			
	Firm/ Company				
	8701 W IRLO BRON SON MEMORIAL HWY SUITE 100				
		Address			
	KISIMMEE, FLORIDA 34747				
		City/ State and Zip Cod	e		
	SIMON.HOWELL@HOWE	LLINTERNATIONALTA	X.COM		
	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
SIMON b HOWELL		at (407	245-7600		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Dep	artment of State:		
S35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 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		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			