

P94000021092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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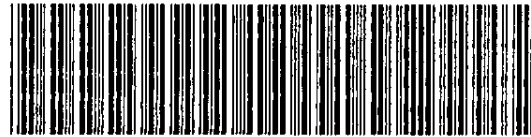
(Business Entity Name)

(Document Number)

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11 MAR 18 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Amor
2/21/11
TC

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Chiquita Falls Corporation

DOCUMENT NUMBER: P94 000021092

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ellen Storlazzi
Name of Contact Person

(above)
Firm/ Company

40 OAK St. → mailing address P.O. Box 1242
Address

Dennisport, Mass. 02639
City/ State and Zip Code

Star 134 @comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ellen Storlazzi at (508) 394-1832
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

CHIQUITA FALLS CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

P94 0000 21092

(Document Number of Corporation (if known))

APPROVED
AND
FILED
11 MAR 18 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

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 in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

THOMAS DELAND

New Registered Office Address:

201 LOVERS LANE

(Florida street address)

FT. MYERS BEACH


(City)

Florida FL, 33931

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>ERNANI D. STORLAZZI</u>	<u>16372 Gemini Ct</u> <u>FORT MYERS FL 33908</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>ST</u>	<u>PAUL STORLAZZI</u>	<u>16372 Gemini Ct</u> <u>FORT MYERS FL 33908</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>KATHLEEN BLAKE</u>	<u>10 MEADOWOOD LANE</u> <u>EAST FALMOUTH, MA.</u> <u>02536</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>ST</u>	<u>Ellen STORLAZZI</u>	<u>40 DAK ST. (P.O. Box 1242)</u> <u>Dennisport, MA.</u> <u>02639</u>	<input checked="" type="checkbox"/> ADD <input type="checkbox"/> REMOVE

E. If amending or adding additional Articles, enter change(s) here:
 (attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
 (if not applicable, indicate N/A)

The date of each amendment(s) adoption: MARCH 9, 2011
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated MARCH 9, 2011

Signature

Kathleen Blake

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

KATHLEEN BLAKE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)