

P98000061633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

(Document Number)

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09/17/17--01010--019 \*\*43.75

*Amend/name change*

SEP 18 2017

D CUSHING

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ISLAND HOPPERBICYCLE MOTORS INC

DOCUMENT NUMBER: P9800006133

P 9800006133

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

Please return all correspondence concerning this matter to the following:

ADAMARIA MEHANI AND ROGER MEHANI

Name of Contact Person

ISLAND HOPPER INC

Firm/ Company

P. O. BOX 565

Address

ST PETERSBURG, FL 33731

City/ State and Zip Code

ADAMARIE2006@VERIZON.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAMARIA MEHANI

at ( 727 ) 421-6104

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:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201

In reply refer to: 0233184022  
Jan 03, 2017 LTR 147C  
11-3312926

ISLAND HOPPER INC  
330 13TH AVE S  
ST PETERSBURG FL 33701-5516 306

Taxpayer Identification Number: 11-3312926

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of January 3rd, 2017.

Your Employer Identification Number (EIN) is 11-3312926. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Ms. Butler  
1002991684  
Customer Service Representative



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

*Revised*  
*9-18-17*  
*EMailed TO*  
*Diane.Cushing@*  
*DOS.MYFLORIDA.COM*

August 25, 2017

ADAMARIA MEHANI AND ROGER MEHANI  
ISLAND HOPPER I NC  
PO BOX 565  
ST PETERSBURG, FL 33731

SUBJECT: ISLAND HOPPER BICYCLE MOTORS, INC.  
Ref. Number: P98000061633

We have received your document for ISLAND HOPPER BICYCLE MOTORS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can only list 1 registered agent. Please make the appropriate changes. Please also notice that you have the name out of order. It is filed in our office as Island Hopper Bicycyle Motors, Inc.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 217A00017562

Articles of Amendment  
to  
Articles of Incorporation  
of

ISLAND HOPPER BICYCLE MOTORS INC.

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

998000061633

(Document Number of Corporation (if known))

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:**

ISLAND HOPPER INC

*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**)

2995 44TH AVENUE NORTH

ST PETERSBURG, FL 33714

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. BOX 565

ST PETERSBURG, FL 33731

**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

2995 44TH AVENUE NORTH

(Florida street address)

New Registered Office Address:

ST. PETERSBURG

(City)

Florida 33714

(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.

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 Doe  
X Remove                      V      Mike Jones  
X Add                              SV      Sally Smith

| Type of Action<br>(Check One) | Title      | Name                   | Address                        |
|-------------------------------|------------|------------------------|--------------------------------|
| 1) <u>X</u> Change            | <u>P</u>   | <u>ROGER MEHANI</u>    | <u>2995 44TH AVENUE NORTH</u>  |
| <u>      </u> Add             |            |                        | <u>ST PETERSBURG, FL 33714</u> |
| <u>      </u> Remove          |            |                        |                                |
| 2) <u>      </u> Change       | <u>VPT</u> | <u>ADAMARIA MEHANI</u> | <u>2995 44TH AVENUE NORTH</u>  |
| <u>X</u> Add                  |            |                        | <u>ST PETERSBURG, FL 33714</u> |
| <u>      </u> Remove          |            |                        |                                |
| 3) <u>      </u> Change       |            |                        |                                |
| <u>      </u> Add             |            |                        |                                |
| <u>      </u> Remove          |            |                        |                                |
| 4) <u>      </u> Change       |            |                        |                                |
| <u>      </u> Add             |            |                        |                                |
| <u>      </u> Remove          |            |                        |                                |
| 5) <u>      </u> Change       |            |                        |                                |
| <u>      </u> Add             |            |                        |                                |
| <u>      </u> Remove          |            |                        |                                |
| 6) <u>      </u> Change       |            |                        |                                |
| <u>      </u> Add             |            |                        |                                |
| <u>      </u> Remove          |            |                        |                                |



JANUARY 3RD, 2017

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

JANUARY 3RD, 2017

Effective date if applicable:

(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 N/A

(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.

JANUARY 3RD, 2017

Dated

Signature

(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)

ADAMARIA MEHANI AND ROGER MEHANI

(Typed or printed name of person signing)

VPT

AND

P

(Title of person signing)