

SID981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

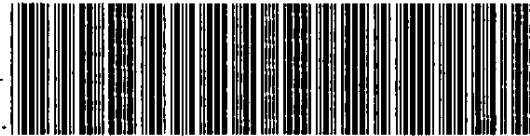
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06/21/10--01045--018 **43.75

Amend

FILED

10 JUL -6 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts JUL 06 2010

Roberts JUL 06 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2010

GHISLAINE S. CAVE
OXYPAR CORPORATION
12555 ORANGE DR STE 212
DAVIE, FL 33330

SUBJECT: OXYPAR CORPORATION
Ref. Number: S10981

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

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 110A00015416

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: OXYPAR CORPORATION

DOCUMENT NUMBER: S10 981

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

Please return all correspondence concerning this matter to the following:

G H L L A I N E S . C A V E (G i)
(Name of Contact Person)

OXYPAR CORPORATION
(Firm/ Company)

12555 Orange Drive Suite 212
(Address)

Davie, Florida 33330
(City/ State and Zip Code)

Oxyparcorporations@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

G H L L a i n e S . C a v e (G i) at (954) 668-2782
(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

Articles of Amendment
to
Articles of Incorporation
of

FILED
10 JUL -6 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OXYPAR CORPORATION

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

510981

(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:

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)

12555 Orange Drive
Suite 212
DAVE, FL 3330

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12555 Orange Drive
Suite 212
DAVE, FL 3330

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:

New Registered Office Address:

(Florida street address)

(City)

Florida
(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>S</u>	<u>GHISLAINE S. CAVE</u>	<u>12555 Orange Drive</u> <u>Suite 212</u> <u>Dave, FL 33330</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input 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: 4/01/2010
(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 6/28/2010

Signature Ghislaine S. Cave
(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)

GHISLAINE S. CAVE

(Typed or printed name of person signing)

Secretary

(Title of person signing)