

Y32466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

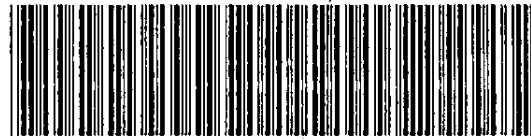
(Document Number)

Certified Copies _____

Certificates of Status ☒

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02/22/11--01017--014 **43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAR 22 PM 3:01

FILED

Amend & N/C

TBren 3-22-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: DOLPHIN DISTRIBUTORS, INC.

DOCUMENT NUMBER: V32466

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

Please return all correspondence concerning this matter to the following:

P. DAVID ALESSANDRI

Name of Contact Person

ALESSANDRI & ALESSANDRI, P.A.

Firm/ Company

5121 EHRLICH ROAD, SUITE 107-B

Address

TAMPA, FLORIDA 33624

City/ State and Zip Code

IAMAGOODCOOKER@HOTMAIL.COM

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

For further information concerning this matter, please call:

P. DAVID ALESSANDRI, CPA

Name of Contact Person

at (813) 969-1995

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2011

P. DAVID ALESSANDRI
ALESSANDRI & ALESSANDRI, P.A.
5121 EHRLICH RD STE 107-B
TAMPA, FL 33624

SUBJECT: DOLPHIN DISTRIBUTORS, INC.
Ref. Number: V32466

We have received your document for DOLPHIN DISTRIBUTORS, 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):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2009 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application/annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$150.00 filing fee per year for each year the corporation has been dissolved.

Therefore, the total amount due to reinstate the corporation is \$1050.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2011 Annual Report and Supplemental Fee.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 511A00004528



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2011

P. DAVID ALESSANDRI
ALESSANDRI & ALESSANDRI, P.A.
5121 EHRLICH RD STE 107-B
TAMPA, FL 33624

SUBJECT: DOLPHIN DISTRIBUTORS, INC.
Ref. Number: V32466

We have received your document for DOLPHIN DISTRIBUTORS, 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 failed to make the correction(s) requested in our previous letter.

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 011A00006235

Articles of Amendment
to
Articles of Incorporation
of

DOLPHIN DISTRIBUTORS, INC.

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

V32466

(Document Number of Corporation (if known))

FILED
2011 MAR 22 PM 3:01
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:

DOLPHIN DISTRIBUTORS I, 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)

15901 COUNTRY FARM PLACE

TAMPA

FLORIDA 33624

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

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:

VIRGINIA TRUJILLO

New Registered Office Address:

15901 COUNTRY FARM PLACE

(Florida street address)

TAMPA

(City)

Florida 33624

(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.

x Virginia Trujillo
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>
D	DENNIS TRUJILLO	15901 COUNTRY FARM PLACE TAMPA FLORIDA	<input type="checkbox"/> Add <input checked="" 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)

N/A

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)

N/A

The date of each amendment(s) adoption: FEBRUARY 15, 2011

Effective date if applicable: FEBRUARY 15, 2011 ^(date of adoption is required)
(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 FEBRUARY 15, 2011

Signature Virginia Trujillo
(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)

VIRGINIA TRUJILLO
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)