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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN ZZ INSTALLATION SERVICE INC.

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COVER LETTER

TO: Amendment Section Division of Corporations			
NAME OF CORPORATION: ZZ	Z INSTALLA	TION SERVI	CE INC
DOCUMENT NUMBER: P040			
The enclosed Articles of Amendmen		ed for filing.	
Please return all correspondence con	cerning this matter to	the following:	
MARIA I	PINHEIRO		
	•	me of Contact Person	-
ALPHA	ROSINESS (CONSULTIN	G, LLC
7022 CA	RLENE DR	Firm/ Company	•
1022 07	WELVE DIX	Address	
ORLANI	OO, FL 3283		
	Ci	y/ State and Zip Code	
pinheiromar	ia@att net		
		future annual report	notification
		Table million capeti	44111444444
For further information concerning th	is matter, please call		
MARIA PINHEIRO		_{at (} 407	582-9830
Name of Contact Person	on	Area Coo	ie & Daytime Telephone Number
Enclosed is a check for the following	amount made payabl	e to the Florida Depa	rtment of State:
	ate of Status C	13.75 Filing Fee & ertified Copy dditional copy is aclosed)	☐\$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		Amenda Division Clifton 2661 Ex	Address nent Section n of Corporations Building secutive Center Circle ssee, FL 32301

ENLLU SCORTIARY OF STATE RIVISION OF CORPORATIONS

Articles of Amendment to Articles of Incorporation of

14 AUG 25 AM 9: 24

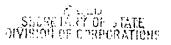
ZZ INSTALLATION SERVICE (Name of Corporation as current)		-4 «F.C4-4»)	
P04000134211	ty men with the Profitie De	or or glace)	
	r of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	orida Statutes, this Florida P	rofit Corporation adopts the follow	ving amendment(s
A. If amending name, enter the new name of the	e corporation:		
			The new
name must be distinguishable and contain the v "Carp.," "Inc.," or Co.," or the designation "Co ward "chartered," "professional association," or	orp," "Inc," or "Co". A	pany," or "incorporated" or the professional corporation name mu	abbreviation st contain the
B. Enter new principal office address, if applica	ible:	·	
(Principal office address <u>MUST BE A STREET A</u>	IDDRESS)		·
•			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	ROX)		
		· · · · · · · · · · · · · · · · · · ·	
			
			
D. If amending the registered agent and/or registered agent and/or the new registered.	stered office address in Flo ed office address:	rida <u>, enter the name of the</u>	
Name of New Registered Agent			
	(Fiorida street address,		
New Registered Office Address:		, Florida	
•	(City)	(Zip Code)	
New Registered Agent's Signature, if changing R hereby accept the appointment as registered agent		ccept the obligations of the position	2.
Signature of	New Registered Agent, if ch	anging	

Add

Remove

address of each Office (Attach additional shee Please note the officer, P = President; V = Vid Executive Officer; CFO held. President, Treasu Changes should be not	er and/or I ets, if neces. 'director tit. 'e Presiden O = Chlef . urer, Direct ed in the fo leaves the c	Director sary) le by the it; T= Ti Financia for would corporat	being added: first letter of the office title: reasurer; S= Secretary; D= Director; Total Officer. If an officer/director holds mid be PTD. manner. Currently John Doe is listed as ion, Sally Smith is named the V and S. To	ficer/director being removed and title, name, and R= Trustee; C = Chairman or Clerk; CEO = Chief nore than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is hese should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John I	<u>Doe</u>	
X Remove	<u>v</u>	Miko .	Jones	
X Add	<u>sv</u>	Sally S	Smith .	
Type of Action (Check One)	Title		Name	Address
1) Change	٧		JULIO I RODRIGUEZ	4972 EAGLES MERE DR
Add		_		# 915
Remove				ORLANDO, FL 32819
2) Change	<u>·</u>			
Remove 3) Change		<u> </u>		
Add Remove				
4) Change				
Remove 5) Change		_		
Add		-		
6) Change		_		Name and the second sec

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
NONE	
MARKET AND ADDRESS OF THE PARKET AND ADDRESS	
	<u>, </u>
· · · · · · · · · · · · · · · · · · ·	
·	
7 If an emendment provides for an eyeb:	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	idment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
NONE	
	•
-	



The date of each amendment(s) adoption: 08/25/2014	14 AUG 25 AM 9: 21	, if other than the
date this document was signed.		
Effective date if applicable:		
(no more the	an 90 days after amendment file date)	
· · · · · · · · · · · · · · · · · · ·	•	
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled		
"The number of votes cast for the amendment(s) was/	/were sufficient for approval	
by(voting group)	***	
(voling group)	•	
The amendment(s) was/were adopted by the board of direct action was not required.	tors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators vaction was not required.	without shareholder action and shareholder	•
Dated 08/25/2014		
Signature	officer – if directors or officers have not been	
	n the hands of a receiver, trustee, or other court	
JOSE S COSTA FIL	LHO	
(Typed o	or printed name of person signing)	
PRESIDENT	·	
	(Title of person signing)	_