Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REYNALDO H. GRINSTEIN

Account Number : I20040000171 : (904)779-2777 Phone

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OR AMND/RESTATE/CORRECT OR O/D RESIGN

NELCO OF JAX CORP

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2/21/2001

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: NELCO OF JA	X CORP	
DOCUMENT NUMBER: P07000135113		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
REYNALDO GRINSTEIN		
(Name of C	Contact Person)	
ARMOR INSURANCE AGEN	CY	
· (Firm/	Company)	
DODA A IALIMETE DE	•	
2631 -A JAMMES RD	idress)	
	·	
JACKSONVILLE,FL 32210		
(City/ State	and Zip Code)	
For further information concerning this matter, ple	ase call:	
REYNALDO GRINSTEIN	at (904) 779-2777	
(Name of Contact Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for the following amount:		
☑ \$35 Filing Fee	☐ \$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	

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Articles of Amendment to Articles of Incorporation of

NELCO OF JAX CORP

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

P07000135113

(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:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

<u>AMENDMENTS ADOPTED</u>- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (<u>BE SPECIFIC</u>)

DELETE: JULIO W RIAL, 9439 SAN JOSE BLVD APT # 48, JACKSONVILLE, FL 32257, PRESIDENT AND REGISTERED AGENT

AD:COPPOLA,NELLY,8439 SAN JOSE BLVD APT # 48,JACKSONVILLE,FL 32257,PRESIDENT AND REGISTERED AGENT

DELETE:ALBERTO SORIA,9439 SAN JOSE BLVD APT # 48,JACKSONVILLE,FL 32257,VP

AD: RIAL, ANDREA, 9439 SAN JOSE BLVD APT #48, JACKSONVILLE, FL 32257, VP

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1 Date
I pages if necessary)
cation, or cancellation of issued shares, provisions in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption: 02/11/2008 Effective date if applicable: 02/11/2008 (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were approved 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. 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) **NELLY COPPOLA** (Typed or printed name of person signing) PRESIDENT (Title of person signing)

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FILING FEE: \$35

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