P14000026415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

And

APR 10 2014

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: inst.service AA.corp

DOCUMENT NUMBER: P14000026415

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

Please return all correspondence concerning this matter to the following:

alfredo C aguilera
Name of Contact Person

alfredo c aguilera
Firm/ Company

8404 n edison ave
Address

tampa, FL 33604
City/ State and Zip Code

aguileraa40@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

alfredo c aguilera at (813) 2172271
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

FILED

14 APR -4 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Inst.Service AA.corp

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

P14000026415

(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**)*

8404 N edison ave,
Tampa,FL
33604

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

8404 N edison ave,
tampa fl 33604

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 _____

_____
(Florida street address)

New Registered Office Address: _____, Florida_____
(City) *(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)
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 (Check One)	Title	Name	Address
1) ☐ Change	OD	alfredo C Aguilera	8404 N edison ave,
☑ Add			Tampa,FL
☐ Remove			33604
2) ☐ Change			
☐ Add			
☐ Remove			
3) ☐ Change			
☐ Add			
☐ Remove			
4) ☐ Change			
☐ Add			
☐ Remove			
5) ☐ Change			
☐ Add			
☐ Remove			
6) ☐ Change			
☐ Add			
☐ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach *additional sheets, if necessary).* *(Be specific)*

I need add my name in Officer/Director

Alfredo C aguilera

8404 N Edison ave,Tampa FL,33604

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: _____, if other than the date this document was signed.

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 03/31/2014

Signature alfredo C aguilera Alfredo C Aguilera
(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)

Alfredo C Aguilera
(Typed or printed name of person signing)

Officer Director
(Title of person signing)

OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION

I, ALFREDO C AGUILERA, hereby resign as PRESIDENTE
(Title)

of INST.SERVICE AA.CORP
(Name of Corporation),

P14000026415
(Document Number, if known), a corporation organized under the laws of the State of

FLORIDA.

Alfredo C Aguilera
(Signature of resigning officer/director)

FILING FEE IS $35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INST.SERVICE AA.CORP
(Name of Corporation)

DOCUMENT NUMBER: P14000026415

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALFREDO C AGUILERA
(Name of Person)

ALFREDO C AGUILERA
(Name of Firm/Company)

8404 n EDISON AVE
(Address)

TAMPA FL 33604
(City/State and Zip Code)

For further information concerning this matter, please call:

ALFREDO at (813) 217 2271
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for $35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E044 (05/13)

Bracho, Judith This is a courtesy message from Division of Workers' Compensation. After reviewing your application we found out that you are not listed as an officer with the Department of State, Division of Corpo
Para 'AGUILERAA40@YAHOO.COM'
mar27 a las 1:45 P.M.

This is a courtesy message from Division of Workers' Compensation.

After reviewing your application we found out that you are not listed as an officer with the Department of State, Division of Corporations. Please visit their website www.sunbiz.org or contact them at 850-245-6050 so that you can be registered as an officer.

After you finish with the registration, it is important that you reply to my email first and if you wish to talk to me call me at 850-413-1718 so that I can process your exemption. **You have only 15 days to resolve this issue.**

Thank you,

Judith Bracho

Insurance Specialist II

Division of Workers' Compensation

(850) 413-1718 (VOIP: 1-1718)

judith.bracho@myfloridacfo.com

I received this email and I need to add my name as officer Director.

thanks

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Sunbiz

Detail by Document Number

Florida Profit Corporation

INST.SERVICE AA. CORP

Filing Information

Document Number	P14000026415
FEI/EIN Number	NONE
Date Filed	03/24/2014
State	FL
Status	ACTIVE
Effective Date	03/22/2014

Principal Address

8404 N EDISON AVE
TAMPA, FL 3360

Mailing Address

8404 N EDISON AVE
TAMPA, FL 3360

Registered Agent Name & Address

AGUILERA, ALFREDO C, SR
8404 N EDISON AVE
TAMPA, FL 33604

Officer/Director Detail

NONE Add Alfredo C Aguilera

Annual Reports

No Annual Reports Filed

Document Images

03/24/2014 -- Domestic Profit [View image in PDF format]