P14000032761

| (Re | questor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



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2017 APR 26 PH 12: 42
SECRETARY OF STATE.

Mame chylcus

APR 2 7 2017

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: ACE BUILDIN | G MAINTENANCE A | ND MARBLE RESTORATION INC. | | |
|--|---|--|--|--|--|
| DOCUMENT NUMB | ER: P14000032767 | | | | |
| The enclosed Articles of | of Amendment and fee are su | abmitted for filing. | | | |
| Please return all corres | condence concerning this ma | tter to the following: | | | |
| | Edward | d Stahlin | | | |
| • | Name of Contact Person | | | | |
| | Direct Incorporation | | | | |
| - | | Firm/ Company | and the second s | | |
| | 315 W H | luron St, Ste 240 | | | |
| - | | Address | | | |
| | Ann Arho | or, MI 48103 | | | |
| - | Anna | City/ State and Zip Code | ೮ | | |
| | | • | | | |
| | documents@directi | | | | |
| | 1:-mail address: (to be u | sed for future annual report | notification) | | |
| For further information | concerning this matter, pleas | se call: | | | |
| Edw | ard Stahlin | at (877 | | | |
| Name o | f Contact Person | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment 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 | | Amend Divisio Clifton | Address Iment Section on of Corporations Building Executive Center Circle | | |

Tallahassee, FL 32301



RECEIVED

17 APR 26 PM 4: 26

FLORIDA DEPARTMENT OF STATE DEPARTMENT OF STATE Division of Corporations Division of Corporations TAGLAHASSEE-FLORIDA TAGLAHASSEE-FLORIDA

April 14, 2017

EDWARD STAHLIN DIRECT INCORPORATION 315 W. HURON ST - STE. 240 **ANN AROR, MI 48103**

SUBJECT: ACE BUILDING MAINTENANCE AND MARBLE RESTORATION

Ref. Number: P14000032767

We have received your document for ACE BUILDING MAINTENANCE AND MARBLE RESTORATION 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 form you submitted is for a Limited Liability Company, but your entity is a Florida Profit Corporation. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 817A00007340

Articles of Amendment to Articles of Incorporation of

ACE BUILDING MAINTENANCE AND MARBLE RESTORATION INC.

| (Name of Corporation as curr | ently filed with the Florida Dept. of State) |
|--|--|
| P1400003276 | |
| | per of Corporation (if known) |
| Pursuant to the provisions of section 607.1006. Florida Statutes, its Articles of Incorporation: | this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation | <u>ı:</u> |
| Ace Building Maintenance Inc. | The new |
| name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati | or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | The Part of the Pa |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | R 26 PH K: 42 ASSEE, FLORIBA |
| D. If amending the registered agent and/or registered office and registered agent and/or the new registered office add | |
| Name of New Registered Agent | |
| / Lilyania | la street address) |
| | |
| New Registered Office Address: | , Florida(Zip Code) |
| New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famil | gent: |
| Signature of No | ew 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 | <u>PT</u> | John Do | <u>oe</u> | |
|----------------------------|---|-------------|-------------|--|
| X Remove | <u>v</u> | Mike Jo | <u>ones</u> | |
| _X Add | <u>sv</u> | Sally Sr | <u>nith</u> | |
| Type of Action (Check One) | Title | | Name | <u>Addres</u> s |
| 1)Change | | | | 44-4 |
| | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | _ | | and the second s |
| Remove | | | | |
| 3) Change | | | |] |
| Add | | _ | | |
| Remove | | | | |
| ف م | | | | |
| 4) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | *************************************** | - | | 4 |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Pamaus | | | | |

| E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) | | | |
|--|--|--------------|--|
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| F. ; | 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) | | |
| | | | |
| | | | |
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| | | ************ | |
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| The date of each amendment(s) adoption: | , if other than the |
|---|-------------------------------|
| date this document was signed. | |
| Effective date <u>if applicable</u> : | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this dedocument's effective date on the Department of State's records. | ate will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(by the shareholders was/were sufficient for approval. | (s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s): | vent |
| "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 sharehold action was not required. | er |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated 04/04/2017 | |
| 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 cou | |
| appointed fiduciary by that fiduciary) | |
| Roxana Clark | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |