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(((H190002022113)))

(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LICENSES ETC INC

Account Number : I20070000159

: (239)777-1028

: (877)275-3593

Fax Number

inter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: Support@licensesetc.com

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2019-07-05 18:20:23 (GMT)

From Licenses Etc (((H19000202211 3)))

## COVER LETTER

TO: Amendment Sect Division of Corp			•		
	RATION: ALL SOURCE CO	NSTRUCTION, INC.	<del></del>		
DOCUMENT NUM	BER: P16000034805	<del></del> .			
	of Amendment and fee are su	bmitted for tiling.			
Please return all corre	spondence concerning this man	tter to the following:			
	LISA ADAMS				
		Name of Contact Person	1		
	LICENSES ETC., INC.				
	Firm/ Company				
	886 110TH AVE N., SUITE 6				
	Address				
	NAPLES, FL 34108				
		City/ State and Zip Cod	e		
SUP	PORT@LICENSESETC.COM	ı			
	E-mail address: (to be us	ed for future annual report	notification)		
For further information concerning this matter, please cail:					
LISA ADAMS		at ( 239	777-1028		
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:					
S35 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)		
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 jahassee, FL 32314	Amend Divisio Clitton 2661 L	Address ment Section on of Corporations Building (xecutive Center Circle ussee, FL 32301		

From: Licenses Etc

(((H19000202211 3)))

Articles of Amendment to Articles of Incorporation of

	y med with the riorita	Dept. of State)	
6000034805			
(Document Number of	f Corporation (if known)		
suant to the provisions of section 607,1006, Florida Statutes, this Articles of Incorporation:	Florida Profit Corporatio	on adopts the follo	wing amendinen
If amending name, enter the new name of the corporation:			
			The new
ne must be distinguishable and contain the word "corporation orp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "ard "chartered," "professional association," or the abbreviation "	Co". A professional cor	orporated" or th poration name m	e abbreviation ust contain the
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRESS</u> )			
			<del>- 3</del> -
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			-
	-		
	-		<u>ت</u>
			8:1,2
If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		name of the	. ~~
Name of New Registered Agent	<u> </u>		
			<del></del>
iFlorida str	zet address)		
		Florida	
New Registered Office Address:	(City)		Zip Code)

(((H19000202211 3)))

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.

X Change	PT	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	<u>r</u>	RALPH COSTIGLIOLA	PO BOX 519
Add			CENTERPORT, NY 11721
X Remove			
2) Change	•••		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			<del></del>
Remove			
6) Change			
Add			
Romove			

. If amending or adding additional Arti (Auach additional sheets, if necessary).	(Be specific)
<del></del>	
. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
- ,,	
<del>-</del>	

(((H19000202211 3)))

The date of each amendment(s) a	doption:	_, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) ifficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes east	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
D 1	07/03/2019	
Dated Signature	The state of the s	
(By a d selecte	irector, president or other officer - if directors or officers have not been d, by an incorporator - if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	_
	RALPH COSTIGLIOLA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	