

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000307969 3)))



H170003079693ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

Fron:

Account Name : SUPERBIZ.COM, INC. Account Number : I20070000160

Phone : (800)494-3124 Fax Number

: (305)675-2811

Enter the email address for this business entity to be used for futural annual report mailings. Enter only one email address please.

Email Address:_

COR AMND/RESTATE/CORRECT OR O/D RESIGN A1A INC.

Certificate of Status	 0
Certified Copy	 0
Page Count	 05
Estimated Charge	 \$35.00

Electronic Filing Menu

Corporate Filing Monu

Help

NOV 2 7 2017

S. YOUND

Articles of Amendment to Articles of Incorporation of

A1A INC.	
(Name of Corporation as curr	ently filed with the Florida Dept. of State)
P17000071463	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, tits Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation	<u>:</u>
AIA CORP	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 abbreviation	ation," "company," or "incorporated" or the abbreviation or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable;	
(Principal office address MUST BE A STREET ADDRESS)	≥
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	22, PN 6: 45
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add	
Name of New Registered Agent	
(Florid	la street address)
New Registered Office Address:	. Florida
New Registered Office Address.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent. I am famil	zent;
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.

X Change	PI	John Do	<u>oc</u>	
X Remove	<u>v</u>	Mike Jo	nncs	
X Add	<u>sv</u>	Sally St	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
I) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3)Change				
Remove				
4) Change	-			
Add				
Remove				
5) Change				
				
Add				-
Remove				
6) Change		_ .	,	
Add				
Remove				

Attach <i>additio</i>	r adding additional Ar nal sheets, if necessary)	. (Be specific)			
_					\ <u>-</u>
					_
			•		
	····				
					
				<u> </u>	· · · · · · · · · · · · · · · · · · ·
		•			
	ent provides for an ex	abanga waalnesifira	tion or convellatio	n of icened chares	
provisions fo	r implementing the an	nendment if not con	tained in the amen	dment itself:	1
(if not ap	plicable, indicate N/A)				
		-			
					
			<u>.</u>		
		· · · · · · · · · · · · · · · · · · ·			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

The day of such assessment adoptions	11-22-2017	, if other than th
The date of each amendment(s) adoption: date this document was signed.		if other than to
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departmen	es not meet the applicable statutory filing requirements, this date will at of State's records.	not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient:	the shareholders. The number of votes east for the amendment(s) for approval.	
	y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):	
	amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
	the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
11-22-2017		
DatedSignatureCan	Il Smith	_
selected, by an	president or other officer - if directors or officers have not been incorporator - if in the hands of a receiver, trustee, or other court ciary by that fiduciary)	
PAUL	SMITH	
	(Typed or printed name of person signing)	
PRESI	DENT	
	(Title of person signing)	

Page 4 of 4