

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
`
}

Office Use Only



000304443350

10/24/17--01022--014 **455.00

17 OCT 24 PH 1: 31
SECRETARY OF SLAFET
PALLAHASSAFFERORIÐA

And



Alexandre M. Mestdagh. Esq. Steve Wall. Esq. Cory B. Suter. Esq. David J. Kons. Esq. Mark A. Grimes. Esq. "David B. Falstad. Esq. "Or Counsel"

October 19, 2017

SENT VIA FEDERAL EXPRESS: 7705 3640 6179

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Applied Building Development - Amendments for Multiple Entities

Dear Sir/Madam:

Enclosed please find Articles of Amendment forms for changing the Treasurer for the following entities:

- 1. Toscana Community Association, Inc.
- 2. ABD Realty, Inc.
- 3. Applied Building Development Company Oakhills, Inc.
- 4. Applied Building Development of Orlando Providence, Inc.
- 5. Applied Building Development of Orlando W.L., Inc.
- 6. Applied Building Development of Orlando P.C., Inc.
- 7. Applied Building Development of Orlando Providence Marketing Company, Inc.
- 8. Applied Building Development of Orlando B.C., Inc.
- 9. Applied Building Development of Orlando, Inc.
- 10. Applied Building Development of Orlando M.L., Inc.
- 11. Applied Building Development of Orlando B.H., Inc.
- 12. Applied Building Development of Orlando S.L., Inc.
- 13. Providence Community Association, Inc.

Also enclosed is check number 1281 in the amount of \$455.00 that represents the \$35.00 fee to be applied to each of the 13 amendments listed above. If anything further is needed to complete these requests, please contact our office.

Sincerely,

Jessica McCord

Jessica McCord, Escrow Closer/Paralegal Mestdagh & Wall, P.A.

Encl.

COVER LETTER

TO: Amendment Section Division of Corporations

.

NAME OF CORPORAT	TON: Applied Building	Development of Orlando - :	S.L., Inc.
DOCUMENT NUMBER			
The enclosed Articles of A		ibmitted for filing.	
Please return all correspon	idence concerning this ma	tter to the following:	
Ale	exandre M. Mestdagh, Esc	I.	
		Name of Contact Person	1
Me	stdagh & Wall, P.A.		
		Firm/ Company	·····
541	S. Otlando Ave, Suite 20	, ,	
 -		Address	
Ma	itland, FL 32751		
		City/ State and Zip Code	
		vity mate and zap voca	L
alex@m-	wławfirm.com		
 -	E-mail address; (to be us	sed for future annual report	notification)
For further information co-	ncerning this matter, pleas	se call;	
Alexandre M. Mestdagh		10.7	70.2 6.70.2
Name of Contact Person		at (702-6702 dc & Daytime Telephone Number
Name of C	ontact Person	Area Co	de & Daytime Telephone Number
Enclosed is a cheek for the	following amount made	payable to the Florida Depa	stment 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)
Amendn Division P.O. Boy	Address nent Section of Corporations C6327 sec. FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building vecutive Center Uircle assec, FL 32301

FILED
Articles of Amendment
to 17,0001,24 PM 1:31
of SECRETARY OF SIME
TABLE AHASSEE FLORIBA

Applied Billiding Development of Orlando - S.L., Inc	HELLMINSON	
	on as currently filed with the Florida Dept. of St	ate)
P\$8000052970		
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	a Statutes, this <i>Florida Profit Corporation</i> adopts t	he following amendment(s) to
A. If amending name, enter the new name of the co	orporation:	
		The new
name must be distinguishable and contain the wor "Corp." "Inc." or Ca.," or the designation "Corp word "chartered." "professional association." or the	." "Inc," or "Co". A professional corporation is	or the abbreviation
B. <u>Enter new principal office address, if applicable</u> (Principal office address <u>MUST BE A STREET ADI</u>		
		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>X</u>)	
D. If amending the registered agent and/or register new registered agent and/or the new registered	ed office address in Florida, enter the name of the office address:	<u>he</u>
Name of New Registered Agent		
	íFlorida street address)	
New Registered Office Address:	, Floric	la
-	(Cuy)	iaiZip Code)
New Registered Agent's Signature, if changing Reg Thereby accept the appointment as registered agent	istered Agent: Low timilion with and agone the obligate as a sector	
www.r.m.c.q.r.m.agq.mamen.us.registered agem	т анс разнават м ни ана ассер: те оразущему от те	' position,
- Sign	attors at New Reorgianal Amout Medianaina	

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)

Flease 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	<u> 17</u>	John Doc	
X Remove	$\overline{\lambda}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	T'	Dwight Adams	131 Chadwick Drive
Add			Davenport, FL 33837
X Remove			
2) Change	Т 	Cynthia M. Proulx	131 Chadwick Drive
X Add			Davenport, FL 33837
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
			
5) Change			
Add			
Remove			<u> </u>
6)Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
		_
· · · · · · · · · · · · · · · · · · ·		
·		
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	

	\$/30/2017	
The date of each amendment(s) date this document was signed.	adoption:	if other than the
Effective date if applicable:	30:2017	
ratective date it appreasue:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date wite partment of State's records.	II not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were ad- action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated///_/	,	
Signature	Yuva(Botansky	
selecte	firector, president or other officer—if directors or officers have not been ed, by an incorporator—if in the hands of a receiver, trustee, or other count ned fiduciary by that fiduciary)	
	Yuval Botansky	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	