P02 000011766

| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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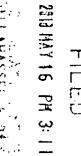
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C. GOLDEN MAY 1 6 2019

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: ALCOM Marketin | ng & Advertising, Inc. | | |
|-------------------------|---------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| | BER: P02000011766 | | | |
| | s of Amendment and fee are so | ubmitted for filing. | | |
| Please return all corre | espondence concerning this ma | atter to the following: | | |
| | Annette C. Some | | | |
| | - | Name of Contact Perso | n | |
| | ALCOM Marketing & Adve | rtising, Inc. | | |
| | | Firm/ Company | | |
| | P.O. Box 14831 | | | |
| | | Address | | |
| | Tallahassee Florida 32317 | | | |
| | | City/ State and Zip Cod | <u></u> | |
| | | | • | |
| anne | tte@alcommarketing.com | | | |
| | E-mail address: (to be u | sed for future annual report | notification) | |
| For further information | on concerning this matter, pleas | se call: | | |
| Annette C. Some | | at (| 385-7762 | |
| Name | of Contact Person | | de & Daytime Telephone Number | |
| Enclosed is a check for | or 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 | | Street Address | | |
| Amendment Section | | Amendment Section | | |
| | ision of Corporations . Box 6327 | Division of Corporations | | |
| Liu | . ACUR UJE I | Clifton Building | | |

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301



May 13, 2019

ANNETTE C. SORNE POST OFFICE BOX 14831 TALLAHASSEE, FL 32317

SUBJECT: ALCOM MARKETING & ADVERTISING, INC.

Ref. Number: P02000011766

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

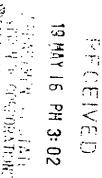
Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Claretha Golden Regulatory Specialist II

Letter Number: 719A00009634



Articles of Amendment to Articles of Incorporation of

FILED
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ALCOM Marketing & Advertising, Inc

| (Name of Corporation as curr | rently filed with the Florida Dept. of State) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| P02000011766 | AHASSE AMASSE |
| (Document Numb | 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) |
| A. If amending name, enter the new name of the corporation | <u>ı:</u> |
| ALCOM Corporation of FLORIDA, INC. | 77 |
| name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviation | 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>) | |
| | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | P.O. Box 14831 |
| | Tallahassee |
| | Florida 32317 |
| D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional agent. | address in Florida, enter the name of the ress: |
| Name of New Registered Agent | |
| | |
| (Florida | a street address) |
| New Registered Office Address: | Florida |
| | (City) (Zip Code) |
| | |
| New Registered Agent's Signature, if changing Registered Age | ent: |
| hereby accept the appointment as registered agent. I am familia | ar with and accept the obligations of the position. |
| | |
| | |
| Signature of New | w 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: <u>X</u> Change | <u>PT</u> | John De | <u>0e</u> | |
|-------------------------------|--------------|--------------|--------------|-----------------|
| X Remove | <u>v</u> | Mike Jo | <u>ones</u> | |
| X Add | <u>sv</u> | Sally Si | <u>mith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | <u>Addres</u> s |
| 1) Change | T | - | Dan Holloway | 2878 Mahan Dr |
| X Add | | | | Tallahassee |
| Remove | | | | Florida 32308 |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Aúd | | | | |
| Remove | | | | |
| 5) Change | | <u>-</u> | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | _ | | |
| | | | | |
| Remove | | | | |

| n amendment provides for an exchange, reclassification, or cancellation of issued shares, ovisions for implementing the amendment if not contained in the amendment itself; (if not applicable, indicate N/A) | tach additional sheets, if necessary). | ticles, enter change(s) (Be specific) | | , | |
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| The date of each amendment(s) date this document was signed. | adoption: | 1/4// | - | , if other than the |
| - | | | | |
| Effective date <u>if applicable</u> : | (no i | more than 90 days after amend | ment file date) | |
| Note: If the date inserted in this document's effective date on the l | | | g requirements, this date wi | ll not be listed as the |
| Adoption of Amendment(s) | (CHECK | ONE) | | |
| ☐ The amendment(s) was/were a by the shareholders was/were | | | ast for the amendment(s) | |
| | | cholders through voting groups. o entitled to vote separately on | | |
| "The number of votes ca | st for the amendment | t(s) was/were sufficient for app | roval | |
| by | | | .,, | |
| | (voting gro | oup) | | |
| The amendment(s) was/were a action was not required. | dopted by the board of | of directors without shareholde | r action and shareholder | |
| The amendment(s) was/were a action was not required. | dopted by the incorp- | orators without shareholder act | ion and shareholder | |
| 4/29/19 | | | | |
| Dated | | } | | |
| G: | | | | |
| Signature (By a | director president of | or other officer - if directors or | officers have not been | |
| | | tor – if in the hands of a receive | | |
| | inted fiduciary by tha | | , | |
| | Brien R. Some | | | |
| | (Typed | or printed name of person sign | ning) | |
| | President | | | |
| | | | | |

(Title of person signing)