

From: Bill Moore

To:

Fax: (850) 617-6380

Page 9 of 30/30/2015 3:00 PM

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I20050000099
Phone : (813) 932-5244
Fax Number : (813) 932-3782

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

Email Address: info@advatemylicense.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
ACCESSIBLE CONSTRUCTION CONSULTING AND
MANAGEMENT, I**

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Amend.

2/2/15

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850-817-6380
From: Bill Moore

Fax: (813) 932-5244

1/30/2015 2:49:52 PM

PAGE 1/001
To: Fax: +1 (850) 817-6380

Fax Server
Page 2 of 7, 01/30/2015 3:00 PM



January 30, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ACCESSIBLE CONSTRUCTION CONSULTING AND MANAGEMENT, INC.
2209 UTOPIAN DR., E.,
#209
CLEARWATER, FL 33763

SUBJECT: ACCESSIBLE CONSTRUCTION CONSULTING AND MANAGEMENT, INC.
REF: P02000099082

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

YOU HAVE SUBMITTED TWO DOCUMENTS UNDER ONE FAX AUDIT COVERSHEET, PLEASE RE-SEND DOCUMENTS WITH EACH ONE HAVING ITS OWN COVERSHEET.

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.

Darlene Connell
Regulatory Specialist III

FAX Aud. #: H15000023456
Letter Number: 115A00001944

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15 JAN 30 PM 3:19

OFFICE OF THE
CLERK OF THE
FLORIDA DEPARTMENT OF
STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

(((H15000023456 3)))

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ACCESSIBLE CONSTRUCTION CONSULTING AND MANAGEMENT, INC.

DOCUMENT NUMBER: P02000099082

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROMAN ALBANO

Name of Contact Person

CONTRACTORS REPORTING SERVICE, INC

Firm/ Company

13795 N Nebraska Ave

Address

Tampa, FL 33613

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROMAN ALBANO

Name of Contact Person

at

(813) 932-5244

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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

Street Address

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

(((H15000023456 3)))

**Articles of Amendment
to
Articles of Incorporation
of**

ACCESSIBLE CONSTRUCTION CONSULTING AND MANAGEMENT, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)

P02000099082
(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

_____The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the
abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation
name must contain the word "chartered," "professional association," or the abbreviation "P.A."

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) _____

D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:

Name of New Registered Agent: _____

New Registered Office Address: _____
(Florida street address)

_____, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D, COO	LICHWALA, CONRAD	1380 KILLIE CT. #103 DUNEDIN, FL 34698	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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)

The date of each amendment(s) adoption: 12/24/2014

(date of adoption is required)

Effective date if applicable: _____

(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

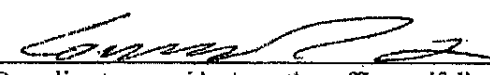
by _____"

(voting group)

- ☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 12/24/2014

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 court appointed fiduciary by that fiduciary)CONRAD LICHWALA

(Typed or printed name of person signing)

D, COO

(Title of person signing)