Page 1 of 1

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H12000290476 3)))



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

From:

Account Name : FASTKIT CORP Account Number: I20100000009 Phone : (305)599-0839

Fax Number : (305)592-9591

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

COR AMND/RESTATE/CORRECT OR O/D RESIGN BALDRICHE HANDYMAN SERVICES, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 1 2 2012

C. MUSTAIN

Articles of Amendment to Articles of Incorporation of

BALDRICHE HANDYMAN SERVICES, CORP. (Name of Corporation as currently filed with the Florida Dept. of State) P04000018438

(Document Number of Corporation (if known)

Mamending name, enter the new name of th ALDRICHE GENERAL CON			The new
must be distinguishable and contain the rp." "Inc.," or Co" or the designation "C d"chartered," "professional association," or	orp," "Inc," or "Co". A profes the abbreviation "P.A."		
Enter new principal office address, if suplice ncipal office address MUST BE A STREET A			— · · · ·
	414.4.7.7.7.4		
			The state of the s
Enter new mailing address, if applicable:			
Malling address <u>MAY BE A POST OFFICE</u>	<u></u>		
			5
			·
		enter the name of the	
		enter the name of the	
ew registered agent and/or the new register	red office address;	enter the name of the	
new registered agent and/or the new register	red office address;	enter the name of the	da)
ew registered spent and/or the new register Name of New Registered Agent	red office address; (Piorida street address)	, Florida	da)
www.registered.geent.and/or the new register Name of New Registered Agent	red office address; (Fiorida street address) (City)	, Florida	de)

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 Y. 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: X Change John Doc PT V Mike Jones X Remove <u>sv</u> Sally Smith _X Add Address Title Namo Type of Action (Check One) AMADO MARTIN CASTILLO 9638 LITTLE RIVER BLVD. DIR 1) ____ Change MIAMI, FL. 33147 Add Remove 2) ____ Change _____ Add _ Remove 3) ____ Change _ Add _ Remove 4) ____ Change __ Add Remove 5) ___ Change Add Remove

6) ____ Change

_ Add

Remove

	(Be specific)
	·
an amendment provides for an excha- cylines for implementing the amen	ange, reclassification, or cancellation of issued shares, diment if not contained in the amendment itself:
in amendment provides for an exchange the smen (y not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, diment if not contained in the amendment itself:
an amendment provides for an exchange the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, diment if not contained in the amendment itself:
an amendment provides for an excharactions for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, diment if not contained in the amendment itself:
an amendment provides for an exchange the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, diment if not contained in the amendment itself:
an amendment provides for an exchroyislons for implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued theres, diment if not contained in the amendment itself:
in amendment provides for an exchangisions for implementing the amon (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued theres, diment if not contained in the amendment itself:
an amendment provides for an exchange of implementing the amen (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, idment if not contained in the amendment itself:

The date of each amendment(s) a	12/11/12
Effective date if applicable: 12	2/11/12
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were st	opted by the shareholders. The number of votes east for the amendment(s) ufficient for approval.
☐ The amendment(s) was/were approvided for 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 cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	Personal Property of the Personal Property of
Dated 12/11/	12
Signature	- James
scicete	director, 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)
	MARIA T FUENTES
	(Typed or printed name of person signing)
	PRES
	(Title of person signing)