P04000025755

(Req	uestor's Name)			
(Add	ress)			
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(City,	/State/Zip/Phone	e #)		
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(Doc	ument Number)			
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13 NOV 12 PH 4: 01

SECRETARY OF STATE
TALL SHARES

C. LEWIS
NOV. 18 2013
EXAMINER

COVER LETTER -

T0: Amendment Section Division of Corporations

NAME OF CORPORAT	ION:	ALD, INC			
DOCUMENT NUMBER		P0400002575			
The enclosed Articles of A	The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
	5 0		ı e		
DANIEL A. LAYALLE Name of Contact Person					
	ALD INC. Firm/ Company				
		Firm/ Company			
	15864	CORINTHA TERR	ACE		
		Address			
	DELR	AY BEACH, FL City/ State and Zip Co	33446		
		City/ State and Zip Co	de		
	DLA	AVALLE 110 ROL. of for future annual report	COM		
	E-man address: (to be us	sed for future amidal repor	rt notification)		
For further information concerning this matter, please call:					
_					
	A. LAVALLE		Ode & Daytime Telephone Number		
Name of Contact Person 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)		
Amendn Division P.O. Bo	Address nent Section of Corporations x 6327 see, FL 32314	Amer Divis Clifto 2661	et Address Indiment Section Indication of Corporations Indication Building Executive Center Circle Indication hassee, FL 32301		



November 5, 2013

DANIEL A. LAVALLE / ALD, INC 15864 CORINTHA TERRACE DELRAY BEACH, FL 33446

SUBJECT: ALD, INC.

Ref. Number: P04000025755

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

When you go to a P.A., instead of an Inc. You must state your purpose. Please correct your document accordingly.

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.

Carolyn Lewis Regulatory Specialist II

Letter Number: 213A00025722

561-638-7013 APPROVES AND FILED

Articles of Amendment to Articles of Incorporation of 13 NOV 12 PM 4: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

· · ·	of	ation T	ALLAHASSEE, P	STATE LORIDA
	ALD, INC.			KIOM
(Name of Corporation as curre	ntly filed with the Florida	Dept. of State)		
	PC4600025	753		
(Document Num	nber of Corporation (if know	m)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this <i>Florid</i>	la Profit Corporation ad	dopts the following a	mendment(s) to
A. If amending name, enter the new name of	the corporation:			
DAN	HEL A. LAVALLE	. P.A.	7	he new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	he word "corporation," "("Corp," "Inc," or "Co".	company," or "incorpe	orated" or the abb ation name must co.	reviation ntain the
B. <u>Enter new principal office address, if app</u> (Principal office address <u>MUST BE A STREE</u>				
C. <u>Enter new mailing address, if applicable</u> (Mailing address <u>MAY BE A POST OFFI</u>				
D. If amending the registered agent and/or new registered agent and/or the new regi		Florida, enter the nai	me of the	
Name of New Registered Agent			-	
·	(Florida street ad	dress)	-	
New Registered Office Address:		, Florida	l	
	(City)		(Zip Gode)	
New Registered Agent's Signature, if changi I hereby accept the appointment as registered	agent. I am familiar with a		ns of the position.	
อเฐกสเม	ire of New Registered Agent	, ii viianging		

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)

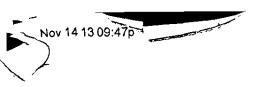
Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; $\tilde{T} = Treasurer$; 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>PT</u>	<u>John Doe</u>	
X Remove	<u>Y</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	MR	DANIEL APRES LAVALLE	15364 CORINTHA TERRACE
Add			DELRAY BEACH, FL 33446
X Remove			
2) Change	<u>P</u>	DANIEL A. LAVALLE	15364 COPINTHA TERRACE
Add			DELCAY BEAGY, FL 33446
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)
PURPOSE: THIS AMENDMENT IS FOR THE PURPOSE OF
SALE OF REAL ESTATE.
Drice Or here confirm
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)
,



561-638-7013 APPROVEE AND FILED

13 NOV 12 PM 4: 02

•			` ·	- ''' 4: U2
he date of each amendment(s) ad	option:		SECRETAR	Y Ocifother than th DEE, FLORIDA
ate this document was signed.			LULL HITTS	BEE. FLORIDA
ffective date <u>if applicable</u> :				
	(no more than \$	00 days atter amendment file o	date)	
doption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were ado by the shareholders was/were su		e number of votes cast for the	amendment(s)	
The amendment(s) was/were app must be separately provided for				
"The number of votes cast	for the amendment(s) was/we	re sufficient for approval		•
by	(voting group)			
	(voting group)			
The amendment(s) was/were add action was not required. The amendment(s) was/were add action was not required.				
Dated	10/24/3			
Signature	Danil A kinal	le .		
	rector, president or other off	icer - if directors or officers h	ave not been	
		ne hands of a receiver, trustee,	, or other court	
appoin	ed fiduciary by that fiduciary)		
	DANIEL	A. LAVALLE		
	(Typed or	printed name of person signin	g)	
		LESIDENT	,	
	(T	itle of person signing)		- ··