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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ABSALOM	GONZALES INC	
DOCUMENT NUMBER: P04000163376		
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning to	his matter to the following:	
ANDREW OCEAN		
	Name of Contact Person	_
UNITED BRANDS		
	Firm/ Company	
6260 DUPONT STAT	ION COURT SUITE C	
	Address	_
JACKSONVILLE FL	32217	
	City/ State and Zip Code	_
ANDREWOCEAN@UNITI	DBRANDS.BIZ	
	o be used for future annual report notification)	
For further information concerning this matte	r. please call:	
, ac 1 1 1 1 1 1 1 1.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ANDREW OCEAN	at ()	
Name of Contact Person Area Code & Daytime Telepho		iber
Enclosed is a check for the following amount	made payable to the Florida Department of State:	
■ \$35 Filing Fee □\$43.75 Filing F Certificate of St		
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ARSAI	-0.34	GONZA	LECING.

(Name of Corporation as curren	ntly filed with the Florida Dept. of State)
P04000163376	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	6260 DUPONT STATION COURT EAST
(Principal office address MUST BE A STREET ADDRESS)	SUITE C
	JACKSONVILLE FL 32217
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.	
new registered agent and/or the new registered office address	ess:
Name of New Registered Agent ANDREW OCEAN	
6260 DUPONT STATIO	ON COURT EAST SUITE C
(Florida	street address)
New Registered Office Address: JACKSONVILLE	. Florida ³²²¹⁷
Ten Highier Works that the	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	BELLA GONZALES	2391 CREEK FRONT DRIVE
X Add			GREEN COVE SPRINGS FL
Remove			32043
2) Change			
Add			
Remove			
3)Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
		
		
		
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90) days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date will Department of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were aby the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	idopted by the incorporators without shareholder action and shareholder	
OCTOB Dated	ER 26, 2017	
Signature	att / /	
(By)	director, president of other officer - if directors or officers have not been took, by an incorporator - if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	_
	ANTHONY A GONZALES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	