P04000172551

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

Office Use Only



000210657010

08/18/11--01002--017 **43.75

RECEIVED

1 NUG 18 PM 1:53 DEPARTMENT OF STATE

CHARLES OF STATE

CLICK THAT OF STATE

SUFFICIENCY OF STATE

S

ル.C. C.COULLIETTE

AUG 18 2011

EXAMINER

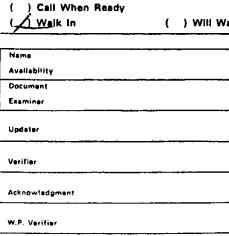
VALIDATION ONLY

2

CORPORATION(S) NAME

ACE I	NOUSTRIES, INC	
	·	
() Profit () NonProfit	(Amendment	() Merger
() Foreign	() Dissolution	() Mark
() Limited Partnership () Reinstatement	() Annual Report () Reservation	() Other () Change of Registered Agent
(Certified Copy	() Photo Copies	() Certificate Under Seal
() Call When Ready () Walk In	() Call If Problem () Will Walt Pick Up	() After 4:30 () Mail Out

Phone



CR2E031 (R8-85)

Empire Toll Free: 1-800-432-3028

Articles of Amendment to Articles of Incorporation of

ACE INL	JUSTRIES, INC.		
(Name of Corporation as curr	ently filed with the Florid	a Dept. of State)	
P04	1000172551		
(Document Nur	nber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this F	lorida Profit Corporation a	dopts the following
A. If amending name, enter the new name of	f the corporation:		
	AIII, INC.		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc	c," or "Co". A professiona	ated or the l corporation
B. Enter new principal office address, if app			
Principal office address <u>MUST BE A STREE</u>	ET ADDRESS)		50 3
			E 2
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			TALLANDASSEE, FLORID
			FLOST TS
			一
D. If amending the registered agent and/or new registered agent and/or the new regi		n Florida, enter the name o	<u>f the</u>
Name of New Registered Agent:			
Trume of thew Registered Algeria.			
New Registered Office Address:	(Florida street a	address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changi	ng Registered Agent:		
hereby accept the appointment as registered a		nd 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>	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	tional sheets, if necessary). (Be specific		
<u>provisions</u>	idment provides for an exchange, reclass for implementing the amendment if no applicable, indicate N/A)	sification, or cancellation of issit tontained in the amendment it	ued shares, self:
	·		

The date of each amendment(s)	adoption: AUGUST 12, 2011
TO CO. A.	(date of adoption is required)
<u> </u>	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.
	approved by the shareholders through voting groups. The following stateme or each voting group entitled to vote separately on the amendment(s):
"The number of votes case	t for the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(vc	oting group)
action was not required.	dopted by the board of directors without shareholder action and shareholder
Dated_AUGUS	ST 12, 2011
selected	irector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	RAY STORMONT
*******	(Typed or printed name of person signing)
	PRESIDENT
_	(Title of person signing)