M05000126910 Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0380

Fron

Account Name : REYNALDO H, GRINSTEIN

Account Number : I20040000171

Phone : (904)779-2777

Fax Number : (904)779-5088

OR AMND/RESTATE/CORRECT OR O/D RESIGN

NUMBER ONE PAVERS, INC.

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| 0 |
| 01 |
| \$35.00 |
| |

Electronic Filing Menu

Corporate Filing Menu

Help

C. Coulliette AUG 0 1 2006

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July 34, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NUMBERSONE PAVERS, INC. 4500 BIYMEADOWS RD #283 JACKSONVILLE, FL 32217

SUBJECT: NUMBER ONE PAVERS, INC. REF: P\$5000126910

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

The current name of the entity is as referenced above. Please correct your decument accordingly.

You will need to indicate the title of the person you are adding to your corporation.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call ((50) 245-6903.

Cheryl Coulliette Document Specialist PAX Aud. #: H06000183541 Letter Number: 806A00046127

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P.O BOX 6327 - Tallehassee, Florida 32314

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COVER LETTER

TO: Amendment Section Division of Corporations

| NAN | E OF CORPORATION: NUMBER ONE | PAVERS, INC. | |
|----------------|--|---|---|
| DOG | UMENT NUMBER: P05000126910 | | |
| The | nclosed Articles of Amendment and fee are s | ubmitted for filing. | |
| Pleas | return all correspondence concerning this m | atter to the following: | |
| | REYNALDO GRINSTEIN | | |
| | (Name of Co | ontact Person) | |
| | ARMOR INSURANCE AGENC | Y | |
| | (Firm/ C | Company) | |
| | 2631-A JAMMES RD | | |
| | (Ad | iress) | |
| | JACKSONVILLE FLORIDA 32210 | | |
| | (City/ State : | and Zip Code) | |
| For fi | ther information concerning this matter, plea | ase call; | |
| REYI | ALDO GRINSTEIN | at (904) 799-2777 | |
| | (Name of Contact Person) | (Area Code & Daytime Tele | phone Number) |
| Encid | ed is a check for the following amount: | | |
| □ \$ 35 | iling Fee S43.75 Filing Fee & Certificate of Status | S43,75 Filing Fcc & 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 | |

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Articles of Amendment to Articles of Incorporation of

| | NUMBER ONE PAVERS, INC. | | |
|-----------------|---|-----------|----------|
| | (Name of corporation as currently filed with the Florida Dept. of State) | | |
| | P05000126910 | | |
| | (Document number of corporation (if known) | | |
| Pursu adopt | nt to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation the following amendment(s) to its Articles of Incorporation: | | |
| <u>ne</u> w | CORPORATE NAME (if changing): | | |
| (Must (A pro | ontain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") assignal corporation must contain the word "chartered", "professional association," or the abbreviation "P.A." |) | • |
| AME and/o | IDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) Article Title(s) being amended, added or deleted; (BE SPECIFIC) | } | |
| ADD:N | IGUEL EVARISTO MENESES,4500 BAYMEADOWS RD # 90, JACKSONVILLE, FL 32217, DIRECTOR | | - |
| | | | |
| | | 90 | |
| | |)6 JUL 31 | <u> </u> |
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| | no. | AH = | |
| | ジ <u>ネ</u> 5 <u>元</u> | 81 : | |
| | | | |
| | (Attach additional pages if necessary) | | - |
| fand | | | |
| | nendment provides for exchange, reclassification, or cancellation of issued shares, provision lementing the amendment if not contained in the amendment itself: (if not applicable, indicate N | | |
| | | | - |
| | | | |
| | (continued) | | |

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ARMOR INSURANCE WEST

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| ſħ¢ | date of each amendment(s) adoption: 07/12/2006 |
|-----|--|
| Zff | ctive date if applicable: 07/12/2006 (no more than 90 days after amendment file date) |
| /q | ption of Amendment(s) (CHECK ONE) |
| | The amendment(s) was/were approved by the shareholders. The number of votes east 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. |
| | Signature GELALDO V de FATVA (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 fiductary by that fiductary) |
| | GERALDO V DE PAIVA |
| | (Typed or printed name of person signing) |

FILING FEE: \$35

(Title of person signing)

(+106000 183 541 3)