PD60000120333

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (C) (C) (C) (D) (C) (D) |
| (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



900320303239

11/01/18--01008--016 *+35.00

FILEU
SECRET SAFET FLOWING

Anund

NOV 0 7 2018

I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | ORATION: A TO Z CONTRA | ACTORS INC | | | | |
|--|---|--|--|--|--|--|
| DOCUMENT NUMBER: P06000120333 | | | | | | |
| The enclosed Article | es of Amendment and fee are su | abmitted for filing. | | | | |
| Please return all corr | respondence concerning this ma | atter to the following: | | | | |
| | Doris Marshner | | | | | |
| | <u> </u> | Name of Contact Perso | n | | | |
| | A to Z Contractors Inc | | | | | |
| | | Firm/ Company | | | | |
| | PO BOX 381236 | | | | | |
| | Address | | | | | |
| | Murdock Fl 33938 | | | | | |
| | | City/ State and Zip Cod | c | | | |
| atoz | contractorsinc@gmail.com | | | | | |
| | E-mail address: (to be u | sed for future annual report | notification) | | | |
| | | | | | | |
| For further informati | on concerning this matter, plea | se call: | | | | |
| D Marshner | | | de & Daytime Telephone Number | | | |
| Name | e of Contact Person | Area Co | de & Daytime Telephone Number | | | |
| Enclosed is a check | for the following amount made | payable to the Florida Depa | artment 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) | | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 | | Amend Divisio | Address Iment Section on of Corporations Building | | | |
| Tallahassee, FL 32314 | | 2661 Executive Center Circle | | | | |

Tallahassee, FL 32301

| If amending or adding additional Arti (Attach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) |
|---|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| If an amendment provides for an exch | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame (if not applicable, indicate N/A) | ndment if not contained in the amendment itself: |
| 'a | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

. . . .

| The date of each amendment(s) | adoption: | |
|--|--|--------------------------------|
| date this document was signed. | 0/26/18 | |
| Effective date <u>if applicable</u> : | | |
| | (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 Department of State's records. | date will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| ☐ The amendment(s) was/were a by the shareholders was/were | adopted by the shareholders. The number of votes cast for the amendme sufficient for approval. | ent(s) |
| | approved by the shareholders through voting groups. The following stat for each voting group entitled to vote separately on the amendment(s): | ement |
| "The number of votes ca | ast for the amendment(s) was/were sufficient for approval | |
| by | | |
| | (voting group) | |
| action was not required. | adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder | |
| 10/26/13 Dated Signature | Doris Marsha | |
| (By sele | a director, president or other officer — if directors or officers have not be cted, by an incorporator — if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary) | |
| | Doris Marshner | |
| | (Typed or printed name of person signing) | |
| | pres | |
| | (Title of person signing) | |

. . . .

Articles of Amendment to Articles of Incorporation

ωf

| A to Z Contractors Inc | |
|---|---|
| (Name of Corporat | ion as currently filed with the Florida Dept. of State) |
| P06000120333 | |
| (Docur | ment Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation: | da Statutes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the co | orporation: |
| | The new |
| | rd "corporation," "company," or "incorporated" or the abbreviation p." "Inc," or "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable | e; |
| (Principal office address MUST BE A STREET ADD | |
| | |
| | |
| C. Pakarana and Standard Constitution | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | 20 |
| | |
| | |
| | |
| | |
| | red office address in Florida, enter the name of the |
| new registered agent and/or the new registered | office address: |
| Name of New Registered Agent | |
| | |
| | (Florida street address) |
| | (1 10) tag sirect traditions |
| New Registered Office Address: | Florida |
| | (City) (Zip Code) |
| | |
| | |
| New Registered Agent's Signature, if changing Reg | gistered Agent: I am familiar with and accept the obligations of the position. |
| r neres, accept the apparament as registered agent. | Tampanina win and accept the omiganous by the pistion. |
| | |
| | |
| Sign | nature of New Revistered Avent, 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)

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.

| Example: XChange | <u>P.L</u> | <u>John Doe</u> | | |
|-------------------------------|-------------|-----------------|------------------|--|
| X Remove | <u>v</u> | Mike Jones | | |
| X Add | <u>sv</u> | Sally Smith | | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s | |
| 1) Change | D | G Marshner | POB 381236 | |
| Add | | | Murdock Fl 33938 | |
| X Remove | | | | |
| 2) Change | СРО | G Marshner | POB 381236 | |
| X Add | | | Murdock FL 33938 | |
| Remove | | | | |
| 3) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | | | |
| Add | | | | |
| Remove | | | | |