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AUG 17 2017 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: _	All P	6 1/	Commun	icanons
DOCUMENT NUMBER: PO	7000061	875		
The enclosed Articles of Amendm	ent and fee are	submitted	l for filing.	
Please return all correspondence co	oncerning this	matter to t	he following:	
	Prisc		Marti	1977
		N.C.	of Gantact Perso	n
		,	Firm/ Company	_
2	5145 e	agic	1017 CIE	201
VISSIMMICE, FL 34746 City/State and Zip Code				
E-mail	SUNAY address: (to be	-	•	GMail-COM
For further information concerning	this matter, pl	ease call:		
Angua Mali	Met		at (<u>407</u>	545 - 6440 ode & Daytime Telephone Number
V Name of Contact Po	erson		Area Co	ode & Daytime Telephone Number
Enclosed is a check for the followi	ng amount mad	de payable	to the Florida Depa	artment of State:
□ \$35 Filing Fee □S43. □ Certi	75 Filing Fee & ficate of Status	Ce (Ac	3.75 Filing Fee & rtified Copy Iditional copy is closed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addres Amendment Sec Division of Corp	tion		Ameno	Address Ilment Section on of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

of .	
All Pro Communications	
(Name of Corporation as currently filed with the Florida Dept, of State)	
Y07000061875	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendmen its Articles of Incorporation:	(s) to
A. If amending name, enter the new name of the corporation:	
The new	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Wiami, 7/ 33055	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 3745 Extended Tole CIE KISSIMMEE, T 39746	
KISSIMMER, 7/ 34746	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address/	
Name of New Registered Agent 77 Service 17 Dev	
3745 Exte Isle TIL	
New Registered Office Address: Los more . Florida 34746	
New Registered Office Address: (City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Thereby decept the appointment as registered agent. I am jamina with and decept the conganions by the position.	
- Com-	
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)

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: X Change	<u>PT</u> John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sally</u>	: Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		Priscilla Martinez	3745 eagle 1016 CIR KIGSIMMER, FL 34746
Remove			
2) Change Add	CED	Yamilet Marmer	3745 cagiz IUIL CIP KISSIMINEL FL 34746
Remove 3) Change Add			
Remove 4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Ramova			

If amending or adding additional A Attach additional sheets, if necessary				
441-				
				
		,		
				
				
If an amendment provides for an ex			and observe	
provisions for implementing the ar	nendment if not contain	ed in the amendment	itself:	
(if not applicable, indicate N/A)				
	<u> </u>			
· .			_	
	·			
	<u> </u>			

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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):	11
"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.	
Dated 06 29 2017	
(By a director, president or other officer of directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	