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MIL FLORION



## **COVER LETTER**

TO: Amendment Section

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

· Division of Corporations NAME OF CORPORATION: ALL AROUND TOWN HANDYMAN INC. DOCUMENT NUMBER: P 0 7 0000 994 98 The enclosed *Articles of Amendment* and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: **■**\$43.75 Filing Fee & □ \$35 Filing Fee ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## **Articles of Amendment Articles of Incorporation**

If amending name, enter the new name of the corporation:  ALL AROUM SERVICES THC. The new name of the corporation:  BERVICES THC. The new name of the corporation:  All AROUM SERVICES THC. The new name of the corporation," "company," or "incorporated" or the new name of the designation "Corp.," "Inc.," or "Co.". A professional corporation new must contain the word "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS)  H 1421  CORA SPRIMES FC 33076  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  GORA SPRIMES FC 33076		
Trestant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following endment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  If amending the word "chartered," "professional association," or "incorporated" or the breviation "Corp.," "Inc.," or "Co.". A professional corporation me must contain the word "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:  Incipal office address MUST BE A STREET ADDRESS  If amending address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:  New Registered Office Address:  (Florida street address)  The new registered nadopts the following adopts the followi		Articles of Amendment
Security to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following endment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  All AROUHA TOWN SERVICES THE. The new me must be distinguishable and contain the word "corporation." "company," or "incorporated" or the breviation "Corp.," "Inc.," or Co., "or the designation "Corp.," "Inc.," or Co., "or the designation "Corp.," "Inc.," or the corporation me must contain the word "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable: "Incipal office address MUST BE A STREET ADDRESS"  H 1421  CORAL SPRIHES FL 33074  Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX"  GORD SPRIHES, FL 33074  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:  New Registered Office Address: (Florida street address)  , Florida		Articles of Incorporation
Treatment Number of Corporation (if known)  result to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following endment(s) to its Articles of Incorporation:  If amending name, enter the new name of the corporation:  If amending name, enter the new name of the corporation:  All HRUHH TOWN SERVICES THE. The new members be distinguishable and contain the word "corporation", "or or or or, "or the designation "Corp.," "Inc.," or "Co". A professional corporation memusic contain the word "chartered," "professional association," or the abbreviation "P.A."  Enter new principal office address, if applicable:  Incipal office address MUST BE A STREET ADDRESS)  April Westver Services  4701 Westver Services  41421  CORA SPRIHES FL 33074  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  GORA SPRIHES, FL 33074  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:  New Registered Office Address:  (Florida street address)  Florida  Florida	· •	of ACC
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Stant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following endment(s) to its Articles of Incorporation:    If amending name, enter the new name of the corporation:   ALL AROWHY TOWN SERVICES THC. The new me must be distinguishable and contain the word "corporation," "company," or "incorporated" or the previation "Corp.," "Inc.," or "Co." A professional corporation me must contain the word "chartered," "professional association," or the abbreviation "P.A."   Enter new principal office address, if applicable:		
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If amending name, enter the new name of the corporation:    ALL AROUN   TOWN   SERVICES   THC.   The new name of the designation   Corporation, "Company," or "incorporated" or the previation "Corp.," "Inc.," or Co., or the designation "Corp.," "Inc.," or "Co". A professional corporation ne must contain the word "chartered," "professional association," or the abbreviation "P.A."    Enter new principal office address, if applicable:	(Document Num	noer of Corporation (II known)
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Enter new principal office address, if applicable:  Fincipal office address, i	If amending name, enter the new name of	f the corporation:
# 1421  CORA SPRIMES FL 33076  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:  New Registered Office Address:  (Florida street address)  , Florida	previation "Corp.," "Inc.," or Co.," or the	e designation "Corp," "Inc," or "Co". A professional corporation of the abbreviation "P.A."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  GRA SPRIMES (33076)  GRA SPRIMES (33076)  GRA SPRIMES (33076)  Life 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:  New Registered Office Address:  (Florida street address)  Florida  Florida		
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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:  New Registered Office Address:  (Florida street address)  , Florida		ECE BOX) 9701 WESTKEEN DR # 1421
Name of New Registered Agent:  New Registered Office Address:  (Florida street address)  The provide of New Registered Agent:  New Registered Office Address:  (Florida street address)		CORAL SPRINGS, FL 33076
New Registered Office Address: (Florida street address) , Florida		
, Florida		
	Name of New Registered Agent:	
(City) (Zip Code)	· · · · · · · · · · · · · · · · · · ·	(Florida street address)
	· · · · · · · · · · · · · · · · · · ·	, Florida
	· · · · · · · · · · · · · · · · · · ·	, Florida (City) (Zip Code)

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>	<u>Name</u>	Address	Type of Action
			□ n
		-	
	<del></del>		
E. <u>If ameno</u> (attach ad	ling or adding additional Articles, en dditional sheets, if necessary). (Be sp	ter change(s) here: ecific)	
			,
<u>provisio</u>	nendment provides for an exchange, ons for implementing the amendment of applicable, indicate N/A)	reclassification, or cancel if not contained in the ar	lation of issued shares, nendment itself:

The date of each amendment(s) as	doption:
Effective date if applicable:	(date of adoption is required)
(no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adby the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast t	for the amendment(s) was/were sufficient for approval
by	ing group)
(voti	ing group)
The amendment(s) was/were ade action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder
Dated	2-11-2010
selected,	rector, president or other officer of directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)