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SECRETARY OF STATE

Amend

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TASK CONSOLIDATED INC.
NAME OF CORPORATION: TASK CONSOLIDATED INC. DOCUMENT NUMBER: P 0800000 3866
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
KEITH MASSETTA Name of Contact Person
TASIC CONSOLIDATED INC. Firm/Company 6216 HIATUS RUAD
6216 HIATUS KUAD Address
TAMARAC, FLORIDA 33321
TAMARAC, FLORIDA 33321 City/ State and Zip Code Keith @ TASKCD. INFO E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
KEITH NASSETTA at (954) 629-2096 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) S43.75 Filing Fee & □\$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

Articles of Amendment Articles of Incorporation

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ASK	CONSOLIDATED	INC

Articles of A to Articles of In	
TASK CONSOLID	ATED INC.
	tly filed with the Florida Dept. of State)
P 08000003	3866 <u>** % 17. **</u>
(Document Number of	of Corporation (if known)
pant to the provisions of section 607.1006, Florida Statutes, this rticles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
f amending name, enter the new name of the corporation:	
	The new
ne must be distinguishable and contain the word "corporation or p.," "Inc.," or Co.," or the designation "Corp," "Inc.," or d "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
nter new principal office address, if applicable:	
ncipal office address <u>MUST BE A STREET ADDRESS</u>)	$-\mathcal{M}/\mathcal{A}$
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	
······································	NA
If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
Name of New Registered Agent	· · · · · · · · · · · · · · · · · · ·
	N A treet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
The standard of the standard o	
v Registered Agent's Signature, if changing Registered Agen reby accept the appointment as registered agent. I am familiar	
	NA
Signature of New	Pagistarad 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 Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add .	<u>sv</u>	Sally Smith	•
Type of Action (Check One)	Title	Name	Address
1) Change	S	KEITH NASSETTA	6216 HIATUS ROAS TATABAC, FLORIDA
X Add			TAMARAC, FLORIDA
Remove			الد333
2) Change		<u> </u>	
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change			•
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Remove			
5) Change			
Add		·	
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6) Change			
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f amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
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f an amendment provides for an exchange, reclassification, or ca provisions for implementing the amendment if not contained in t	he emandment itself
(if not applicable, indicate N/A)	me amendment itsen.
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date we partment of State's records.	rill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	•
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.	
	roved 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	for the amendment(s) was/were sufficient for approval	
by	, n	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	17/17 Localia Desetto	·
(By a d	rector, president or other officer – if directors or officers have not been I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	 .
	ROSALIE NASSETTA	
	(Typed or printed name of person signing)	•
	PRES IDENT	
	(Title of person signing)	