

NOV-20-2014 THU 11:41 AM

Division of Corporations

P. 002

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H14000269209 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : ALPHA BUSINESS CONSULTING, LLC  
Account Number : I20080000061  
Phone : (407) 582-9830  
Fax Number : (407) 294-7677

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
SOARES CARPET SERVICES, INC**

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*Amend  
@ 11/21/14*

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Corporate Filing Menu

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **SOARES CARPET SERVICES, INC**

DOCUMENT NUMBER: **P08000016601**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**MARIA PINHEIRO**

Name of Contact Person

**ALPHA BUSINESS CONSULTING, LLC**

Firm/ Company

**7022 CARLENE DR**

Address

**ORLANDO, FL 32835**

City/ State and Zip Code

**pinheiomaria@att.net**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MARIA PINHEIRO**

Name of Contact Person

at ( **407** ) **582-9830**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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850-617-6381

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P.001



November 20, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SOARES CARPET SERVICES, INC  
4641 CASON COVE DR  
# 2121  
ORLANDO, FL 32811

SUBJECT: SOARES CARPET SERVICES, INC  
REF: P08000016601

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

Please indicate what action to take with (VP) CHRISTOPHER H. WOLFF DICK.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

FAX And. #: H14000269209  
Letter Number: 014A00024676

RECEIVED  
14 NOV 20 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

**SOARES CARPET SERVICES, INC**

(Name of Corporation as currently filed with the Florida Dept. of State)

**P08000016601**

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**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)

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

**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 \_\_\_\_\_

(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(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.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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SECRETARY OF STATE  
14 NOV 20 PM 8:18

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:

☒ Change      PT      John Doe  
☐ Remove      V      Mike Jones  
☒ Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	VP	Eduardo Siqueira	4641 CASON COVE DR
<input type="checkbox"/> Add			# 2121
<input checked="" type="checkbox"/> Remove			ORLANDO, FL 32811
2) <input type="checkbox"/> Change	VP	Christopher H Wollff Dick	4641 CASON COVE DR
<input checked="" type="checkbox"/> Add			# 2121
<input type="checkbox"/> Remove			ORLANDO, FL 32811
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific).*

NONE

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself;**

*(if not applicable, indicate N/A)*

NONE

The date of each amendment(s) adoption: 11/19/2014, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ 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):

"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 November 19, 2014

Signature Gideao Lopes Soares  
(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 fiduciary by that fiduciary)

GIDEAO LOPES SOARES

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)