

PD8000025393

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(Address)

(Address)

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STATE OF OHIO
DIVISION OF REVENUE

C. LEWIS
SEP 3 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALL ANGLES RC INC
DOCUMENT NUMBER: 26-2136739

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

Please return all correspondence concerning this matter to the following:

ROBERT W CARR
Name of Contact Person
ALL ANGLES RC INC
Firm/ Company
3000 LITTLE OUPRESS COVE
Address
WINTER PARK, FLORIDA 32792
City/ State and Zip Code
ROSA-DEVORE@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSA L DeVore at (407) 310-2058
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 ☐ \$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

Articles of Amendment
to
Articles of Incorporation
of

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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All Angles RC Inc

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

~~262136739~~ 708000025393

(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**)

3000 Little Cypress Cove

Winter Park

Florida 32792

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

3000 Little Cypress Cove

Winter Park

Florida 32792

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

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

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

(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

2. DEPT. OF STATE,
FEDERAL GOVERNMENT

, if other than the

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(no more than 90 days after amendment file date)

(CHECK ONE)

- "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 August 20, 2014

Signature

(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)

Robert W Carr

(Typed or printed name of person signing)

President/Treasurer

(Title of person signing)