

P09000041133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

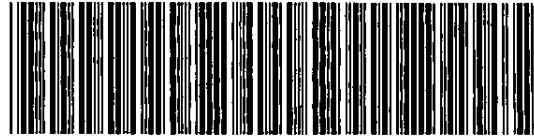
(Business Entity Name)

(Document Number)

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03/06/14--01035--001 \*\*35.00

FILED

14 MAR -6 PM 5:00

*Amend*  
*3/7/14*  
*DC*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2014

SANDRA MATSUOKA  
10203 NW 83 STREET  
TAMARAC, FL 33321

SUBJECT: ACCESS POINT TECHNOLOGIES , INC  
Ref. Number: P09000041133

We have received your document for ACCESS POINT TECHNOLOGIES , INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The current name of the entity is as referenced above. Please correct your document accordingly.

SHOULD THE ADDRESS FOR THE REGISTERED AGENT ALSO BE CHANGED? IF SO, PLEASE COMPLETE "SECTION D" OF THE AMENDMENT FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Darlene Connell  
Regulatory Specialist II

Letter Number: 214A00003971

RECEIVED

14 MAR -6 AM 10:23

REGULATORY SPECIALIST II  
DARLENE CONNELL  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: **Access Point Technologies**

DOCUMENT NUMBER: **P09000041133**

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

Please return all correspondence concerning this matter to the following:

**Sandra Matsuoka**

Name of Contact Person

Firm/ Company

**10203 NW 83 ST**

Address

**TAMARAC , FL**

City/ State and Zip Code

**sandramatsuoka@msn.com**

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

For further information concerning this matter, please call:

**Sandra Matsuoka**

at ( **954** ) **9189033**

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

RECEIVED  
FEB 20 PM 11:43

Articles of Amendment  
to  
Articles of Incorporation  
of

Access Point Technologies, Inc

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

P09000041133

(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**)

Susi Matsuoka  
4407 North Federal HWY  
Fort Lauderdale, FL 33308

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: 4407 North Federal Hwy, Florida 33308  
(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

**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                      PT      John Doe

X Remove                     V       Mike Jones

X Add                         SV      Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP</u>	<u>Margarita Matsuoka</u>	<u>4407 North Federal HWY</u> <u>Fort Lauderdale ,FL 33308</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Susi Matsuoka</u>	<u>4407 North Federal HWY</u> <u>Fort Lauderdale , FL 33308</u>
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Antonio Matsuoka</u>	<u>4407 North Federal HWY</u> <u>Fort Lauderdale, FL 33308</u>
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	_____	_____	_____ _____ _____

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

[illegible]

**provisions for implementing the amendment if not contained in the amendment itself:**

[illegible]

The date of each amendment(s) adoption: 11/25/2013, 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

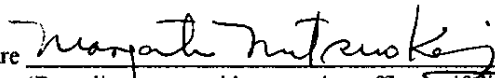
by \_\_\_\_\_."  
(voting group)

☐ 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 02/17/2014

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)

Margarita Matsuoka

(Typed or printed name of person signing)

President

(Title of person signing)