## PD900000134

| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
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FILED SECRETARY OF STATI DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF CORI   | PORATION:  | AOP DESIGN GROUP,   | INC   |  |  |
|--|--|---|---|--|--|
| DOCUMENT NU  | MBER:  | P09000069136  |   |  |  |
| The enclosed Artic   | cles of Amendment and fee                        | are submitted for filing.   |   |  |  |
| Please return all co   | orrespondence concerning the                     | nis matter to the following:  |   |  |  |
|  |  | ARAMIS PINO Name of Contact Person  | ·   |  |  |
|  |  | Name of Contact Person  |   |  |  |
|  |  | Firm/ Company   |   |  |  |
|  | 321 EAST 6TH STREET APT # 205                    |   |   |  |  |
|  | Address  |   |   |  |  |
|  | HIALEAH, FL 33010-6806  City/ State and Zip Code |   |   |  |  |
| ARAMISPINO1@AOL.COM  E-mail address: (to be used for future annual report notification)        |  |   |   |  |  |
| For further informa  | ntion concerning this matter                     | , please call:  |   |  |  |
| ,  | ARAMIS PINO                                      | at ( 305 ) 8  | 07-7945   |  |  |
| Name   | of Contact Person                                | Area Code & Daytime Te  | lephone Number  |  |  |
| Enclosed is a check  | k for the following amount                       | made payable to the Florida Depar   | tment 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 | le  |  |  |

Tallahassee, FL 32301

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

## AOP DESIGN GROUP, INC

| *  |  |                |                         |  |
|--|--|----------------|-------------------------|--|
| •  | Articles of Articles of Inc<br>Articles of Inc<br>of |                |                         | IN SOR |
| AOP DE   | ESIGN GROU   | P. INC         |                         | A TOOK                                     |
| (Name of Corporation as c  | <del> </del>   | <del></del>    | Dept. of State)         | <b>~</b> ~ ~                               |
|  | 09000069136  | <del></del>    | ·····                   | 7  |
| (Document)   | Number of Corporat                                   | tion (if know  | n)                      |  |
| rsuant to the provisions of section 607. nendment(s) to its Articles of Incorporation  |  | tes, this Flor | rida Profit Corporatio  | on adopts the following                    |
| If amending name, enter the new name   | e of the corporation                                 | on:            |                         |  |
| AO   | P SERVICES, IN                                       | NC_            |                         | The new                                    |
| me must be distinguishable and conta<br>breviation "Corp.," "Inc.," or Co.," or<br>me must contain the word "chartered," '<br>Enter new principal office address, if | the designation "C<br>professional associ            | Corp, " "Inc," | or "Co". A profess.     | ional corporation                          |
| Enter new mailing address, if applica (Mailing address MAY BE A POST OF  |  | N/A            |                         |  |
| If amending the registered agent and/new registered agent and/or the new r   |  |                | Florida, enter the nar  | ne of the                                  |
|  | N/A  |                |                         |  |
| New Registered Office Address:   |  | ida street ada | dress)                  |  |
|  | ***************************************              |                | , Florida               |  |
|  | (City)   | l              | (Zip Code)              |  |
| w Registered Agent's Signature, if cha   | nging Registered A                                   | lgent:         |                         |  |
| ereby accept the appointment as register   |  |                | l accept the obligation | s of the position.                         |
|  |  |                |                         |  |
| •  | Signature of New                                     | Registered A   | lgent, if changing      |  |

| If amending the Officers and/or Directors, enter the title and name of each officer/director being |   |  |   |  |
|--|---|--|---|--|
| removed a  | and title, name, and address of ditional sheets, if necessary)      | each Officer and/or Director being a   | dded:   |  |
| (Much uu   | anional sneets, y necessary)  |  |   |  |
| <u>Title</u>   | <u>Name</u>   | Address  | Type of Action                                    |  |
|  | N/A   | N/A  | ☐ Add☐ Remove                                     |  |
|  |   |  |   |  |
| <del> </del>   |   |  |   |  |
|  | nding or adding additional Art<br>additional sheets, if necessary). |  |   |  |
| ARTCLE   | 111:  |  | ······································            |  |
| The purp   | ose for which this corporat   | ion is organized is:   |   |  |
| ANY ANI  | D ALL LAWFUL BUSINES:   | S  |   |  |
|  |   |  |   |  |
|  |   |  |   |  |
|  |   |  |   |  |
|  |   |  |   |  |
| provis   |   | change, reclassification, or cancellation and ment if not contained in the amend |   |  |
| N/A  |   |  |   |  |
|  | ,   |  |   |  |
|  |   |  |   |  |
|  |   |  | · · · · · · · · · · · · · · · · · · ·             |  |
| <u></u>  |   |  | <del>, , , , , , , , , , , , , , , , , , , </del> |  |
|  |   |  |   |  |

| The date of each amendment                           | (s) adoption: JANUARY 12, 2011  |
|--|---|
| Effective date <u>if applicable</u> :                | JANUARY 12, 2011  JANUARY 12, 2011  |
| <u></u>  | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                             | (CHECK ONE)   |
| The amendment(s) was/web by the shareholders was/web | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.  |
|  | re approved by the shareholders through voting groups. The following statemen d 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 N/A   | .,,   |
|  | (voting group)  |
| The amendment(s) was/wer action was not required.    | re adopted by the board of directors without shareholder action and shareholder   |
| The amendment(s) was/wer action was not required.    | re adopted by the incorporators without shareholder action and shareholder  |
| Signature  | Cossinsta I.  |
| (By sele   | a director, president of other officer – if directors or officers have not been cted, by an interporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) |
|  | ARAMIS PINO   |
|  | (Typed or printed name of person signing)   |
|  | PRESIDENT   |
|  | (Title of person signing)   |