## P1000055978

| (Requestor's Name)                        |      |
|---|------|
| (444)                                     |      |
| (Address)                                 |      |
| (Address)                                 |      |
|   |      |
| (City/State/Zip/Phone #)                  |      |
| PICK-UP WAIT N                            | 1AIL |
| (Business Entity Name)                    |      |
| (Sasiless Elitz) (talle)                  |      |
| (Document Number)                         |      |
| Certified Copies Certificates of Status _ |      |
|   |      |
| Special Instructions to Filing Officer:   |      |
|   |      |
|   | j    |
|   |      |
|   |      |
|   |      |
|   |      |

Office Use Only



100184535961

08/25/10--01032--005 \*\*35.00

Arrens

10 SEP -3 PH 3:57
SECRETARY OF STATE

Ancherta SEP 03 2010



August 26, 2010

PAOLO GREGOLETTO PAVERS954.COM, INC. 19 SW 3RD STREET POMPANO BEACH, FL 33060

SUBJECT: PAVERS954.COM, INC.

Ref. Number: P10000055978

We have received your document for PAVERS954.COM, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check only one box under the adoption of amendment.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 210A00020560



## COVER LETTER

| TO: | Amendment Section        |
|-----|--------------------------|
|     | Division of Corporations |
|     | ·                        |

NAME OF CORPORATION:

Pavers954.com, Inc

**DOCUMENT NUMBER:** 

P10000055978

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

Please return all correspondence concerning this matter to the following:

Paolo Gregoletto

Name of Contact Person

Pavers954.com, Inc.

Firm/ Company

19 SW 3rd Street

Address

Pompano Beach, FL 33060

City/ State and Zip Code

gfarf@aol.com

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

For further information concerning this matter, please call:

Paolo Gregoletto

at ( 95

914-3817

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 Filling 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

Medi

Pavers954.com, Inc.

10 SEP -3 PM 3: 57

(Name of Corporation as currently filed with the Florida Dept of State) Y OF STATE
P1000055978

(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)

19 SW 3rd Street, Pompano Beach, FL 33060

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

P.O. Box 1155, Pompano Beach, FL 33061

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:

New Registered Office Address:

(Florida street 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

|           | ng the Ufficers and/or Directors, e<br>and title, name, and address of eac   |                           |                   |
|-----------|--|---------------------------|-------------------|
|           | ditional sheets, if necessary)   | <i>~</i>                  |                   |
| Title ,   | Name   | Address                   | Type of Action    |
|           |  | •                         | ☐ Add<br>☐ Remove |
|           |  | ·                         | ☐ Add<br>☐ Remove |
|           |  |                           | ☐ Add<br>☐ Remove |
| E. If ame | nding or adding additional Article   | s, enter change(s) here:  | -                 |
|           |  |                           |                   |
|           |  |                           |                   |
|           |  |                           |                   |
|           |  |                           |                   |
| provi     | amendment provides for an exchangions for implementing the amending th |                           |                   |
|           | share classification adding Gina<br>54 com Inc   | a Gregoletto as a 50% sha | reholder          |

| The date of each amendment(s) adoption:   |
|---|
| Effective date if applicable:  (no more than 90 days after umendment 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.  |
| 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) |
| Paolo Gregoletto  |
| (Typed or printed name of person signing)   |
| President   |

(Title of person signing)