

P10000059683

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(Address)

(City/State/Zip/Phone #)

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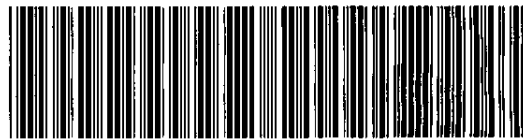


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2010 DEC 13 A 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amend
Therese
12-15-10*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PRO ASSISTANCE & SOLUTIONS, CORP.

DOCUMENT NUMBER: P10000059683

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

Please return all correspondence concerning this matter to the following:

Mr. Harry Oliva

Name of Contact Person

Pro Assistance & Solutions, Corp.

Firm/ Company

9745 SW 72nd Street, Suite 217

Address

Miami, Florida 33173-4658

City/ State and Zip Code

holiva@pascorp.us

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

For further information concerning this matter, please call:

Mr. Harry Oliva

Name of Contact Person

at (305)

456-7825

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 DEC 13 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 3, 2010

HARRY OLIVA
PRO ASSISTANCE & SOLUTIONS, CORP.
9745 SW 72ND STREET, SUITE 217
MIAMI, FL 33173-4658

SUBJECT: PRO ASSISTANCE & SOLUTIONS, CORP.
Ref. Number: P10000059683

We have received your document for PRO ASSISTANCE & SOLUTIONS, CORP. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The effective date cannot be changed, please remove this date from your document.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 510A00028199

Articles of Amendment
to
Articles of Incorporation
of

PRO ASSISTANCE & SOLUTIONS, CORP.

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

P10000059683

(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:

HARRY OLIVA

New Registered Office Address:

13934 SW 283rd Terrace

(Florida street address)

Homestead

(City)

Florida 33033

(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	HARRY OLIVA	1133 NE 17th Avenue Apt. #1 Fort Lauderdale, Florida 33304	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P	HARRY OLIVA	13934 SW 283rd Terrace Homestead, Florida 33033	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	Patricia M. Contreras	9280 SW 123rd Court Apt. #401 Miami, Florida 33186	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

(attach additional sheets, if necessary). (Be specific)
 Article IV - The number of shares the corporation is authorized to issue is: 100

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)

N/A

The date of each amendment(s) adoption: 07/15/2010
(date of adoption is required)
Effective date if applicable: 07/15/2010
(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

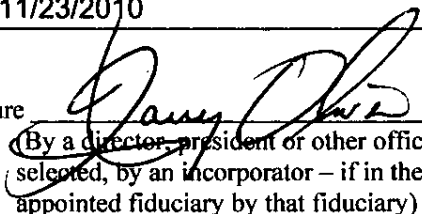
by _____."
(voting group)

☐ 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 11/23/2010

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)

HARRY OLIVA

(Typed or printed name of person signing)

President

(Title of person signing)