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COR AMND/RESTATE/CORRECT OR O/D RESIGN TOCCO-GREGORIO, INC.

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& Roberts SEP, 2.1, 2010

TO:	Amendment Section		
,	Division of Corporations		
	•	•	

NAME OF CORPORATION:	l occo-Gregorio, Inc.
DOCUMENT NUMBER:	P10000075129
The enclosed Articles of Amendment ar	nd fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
	Michael Tobin Name of Contact Person
·	Name of Confact Person
	Rothman and Tobin, P.A.
	Firm/ Company
	1000 Bissesses Block Cuits 740
1	1900 Biscayne Blvd., Suite 740
	Miami, FL 33181
	City/ State and Zip Code
mto E-mail address: (bin@rothmanandtobin.com to be used for future annual report notification)
For further information concerning this	matter, please call:
Orlando Cicilia	at (305) 895-3225
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following ar	nount made payable to the Florida Department of State:
☑ \$35 Filing Fee ☐ \$43.75 Filing Fee Certificate of Star	
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

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Articles of Amendment to Articles of Incorporation

10 SEP 21 PH 2: 34

SECRETARY OF STATE

			
(Name of Corporation as curre	ently filed with the Florida I	Dept. of State)	•
P10	000075129		
(Document Num	nber of Corporation (if known		
suant to the provisions of section 607.100 endment(s) to its Articles of Incorporation:	6, Florida Statutes, this Flori	ida Profit Corporation ad	opts the follow
If amending name, enter the new name o	f the corporation:		
			The new
breviation "Corp.," "Inc.," or Co.," or the must contain the word "chartered," "pro	ofessional association," or the	or "Co". A professional e abbreviation "P.A."	corporation
	incanie,		
Enter new principal office address, if apprincipal office address MUST BE A STREE			
			<u> </u>
	<u>*T ADDRESS</u>)		·
rincipal office address <u>MUST BE A STREE</u> Enter new mailing address, if applicable	<u>*T ADDRESS</u>)		-
rincipal office address <u>MUST BE A STREE</u> Enter new mailing address, if applicable	ET ADDRESS) CE BOX) registered office address in I	Florida, enter the name o	(the
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered Agent:	ET ADDRESS) (CE BOX) registered office address in I		(the
incipal office address <u>MUST BE A STREE</u> Enter new mailing address, if applicable (Mailing address <u>MAY BE A POST OFFI</u> If amending the registered agent and/or new registered agent and/or the new registered agent and/or	ET ADDRESS) CE BOX) registered office address in I		(the
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF) If amending the registered agent and/or new registered agent and/or the new registered Agent:	ET ADDRESS) (CE BOX) registered office address in I		

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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> </u>	Richard Michael Ingle	11958 N.W. 12 Street Pembroke Pines, FL 33026	☑ Add □ Remove
e		•	
	Vincent Beeson	11958 N.W. 12 Street Pemrhoke Pines, FL 33026	_
	74		
E. <u>If amend</u> (a <i>nach ad</i>	line or adding additional Articles, dditional sheets, if necessary). (Be	enter change(s) here: specific)	,
<u> </u>		=:N # 00 00400F0	
Please ad	d the following to the Articles:	EIN # 80-0642650	<u></u>
<u>_</u>	<u> </u>		
	<u> </u>	<u> </u>	
•			
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	 _		
E Ifan ar	mandwant mnasidaa fan a'n avahana	e, reclassification, or cancellation of	icened theres.
provisio	ons for implementing the amendme	ent if not contained in the amendmen	<u>it itself:</u>
(if n	ot applicable, indicate N/A)		·
			•
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<u>-</u>	•		•