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To:

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Fax Number : (850) 617-6380

From:

Account Name : TRANSAMERICA ACCOUNTING & SERVICES INC

Account Number : 120090000046

Phone : (239)274-8290 Fax Number : (239)415-7373

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN FAST GRANITE CORP.

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Help



Articles of Amendment to **Articles of Incorporation**

FAST GRANITE CORP.

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

P10000084703

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statut	es, this Florida Profit	Corporation adopts the follo
A. If amending name, enter the new name of t	he corporatio	n:	
ACER GF	RANITE CO	RP.	The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the diname must contain the word "chartered," "profe	esignation "C	orp," "Inc," or "Co".	A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		18440 Paulson Dr	# B
		Port Charlotte, FL	33954
•			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5216 26	h stsw
,		Lehigh acro	es.1 <u>F1.339</u> 73
D. If amending the registered agent and/or reg new registered agent and/or the new register			ter the name of the
Name of New Registered Agent:	RANSAME	RICA ACCOUNTIN	G & Services, Inc.
		PKWY STE 110	,
New Registered Office Address: (Florida street address)		<u>—</u>	
, <u>F</u>	ORT MYER	s	, Florida <u>33916</u> ip Code)
	(City)	(Z	ip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	ent. I am fami Debeue		-Aora
		,	/

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>	Name	Address	Type of Action
VP	HELIO.M. DA COSTA	5216 26TH ST SW LEHIGH ACRES, FL 33973	☐ Add ☑ Remove
Р	NELIO F. SOARES	5216.26TH ら ナ S い LEHIGH ACRES, FL 33973	□ Add (change) □ Remove
<u>VP</u>	PAULOC. Dias	5216 26TH :S↑SW LEHIGH ACRES, FL 33973	_ □ Add (change) □ Remove
(attach a ART. XV	iding or adding additional Articles, ent additional sheets, if necessary). (Be spe II - ANY CHANGES MADE IN THI PRESIDENT AND VICE PRESIDE	ecific) S FILING HAS TO BE APPROY	
	T LIMITED TO, ADDING OR REM		
	SS; OPEN, CLOSE AND ACCESS		
FILE TAX	KRETURNS; OR USE THE NAME	IN ANY MANNER WITHOUT	THE
CONSE	IT OF THE PRESIDENT - NELIO	F. SOARES OR VICE PRESID	ENT - PAULO
C. DIAS.			
provisi (if)	mendment provides for an exchange, roots for implementing the amendment not applicable, indicate N/A)	if not contained in the amendment	sued shares, itself:
NELIO S	OARES - 500 SHARES	,	_
PAULO C	C. DIAS - 500 SHARES		
	· · · · · · · · · · · · · · · · · · ·		

Nov 08 2010 4:23PM		239-415-7373	pa;
The date of each amendmen	t(s) adoption: 11/08/2010		
•	(date of adoption is req	uired)	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment f	ìle date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The numbers ere sufficient for approval.	er of votes cast for the amendment	(s)
The amendment(s) was/we must be separately provide	re approved by the shareholders through ve ad for each voting group entitled to vote sep	oting groups. The following statem parately on the amendment(s):	ıen t
"The number of votes	cast for the amendment(s) was/were suffic	ent for approval	
by		**	
·	(voting group)	·	
action was not required.	re adopted by the board of directors without re adopted by the incorporators without sha		er
Dated_11/0	8/2010		
Signature			
sele	director, president or other officer – if di octed, by an incorporator – if in the hands o ointed fiduciary by that fiduciary)	rectors or officers have not been f a receiver, trustee, or other court	
арр	onned nadelary of that nationally)		
	NELIO F, SOAR	ES	
	(Typed or printed name of pe	rson signing)	
	PRESIDENT		
	(Title of person signing)		