Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000299230 3)))



H220002992303ABC\$

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

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

Email Address: amanda@activatemylicense.com

022 SEP - 1 PM 1: 08

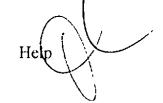
## COR AMND/RESTATE/CORRECT OR O/D RESIGN ALLSTATE MECHANICAL OF SW FL INC

022 SEP - 1 AM 8: 30

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu



## COVER LETTER

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORAT	ION:ALLSTA	ATE MECHANICAL C	OF SW FL INC	
DOCUMENT NUMBER	:	P10000089449	<u></u>	
The enclosed Articles of A	mendment and fee are su	bmitted for filing.		
Please return all correspon	dence concerning this ma	tter to the following:		
		AMANDA JOHNS		
	CONTRACTO	Name of Contact Person		_
		Firm/ Company		_
	13	3795 N Nebraska	Ave	
		Address		_
		Tampa, FL 3361	3	, , , , , , , , , , , , , , , , , , ,
		City/ State and Zip Cod	c	<u>-</u> -
	info@s	etivatomylicons	CO. COM	<u></u>
<del></del>		activatemylicens sed for future annual report		AS:
	•	•	•	SET Co
For further information con	ncerning this matter, plea	se call:		
AMAN	IDA JOHNS	8	313-932-5244	
Name of Contact Person		Area Co	de & Daytime Telephone Numb	- er
Enclosed is a check for the	following amount made	payable to the Florida Dep	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fec & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amendn Division P.O. Box	Address cent Section of Corporations (6327 see, FL 32314	Amend Division The C 2415 f	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assec, FL 32303	

H22000299230 3

## Articles of Amendment to Articles of Incorporation of

ALLSTATE	MECHANICAL	0F	S₩	FL	INC	

To:

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P10000089449	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	22 S
(Principal office address MUST BE A STREET ADDRESS)	7. M
	SS: To IT
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<b>8</b> 38
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	
Name of New Registered Agent	<del>-</del>
(Florida s	trevt address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Signature of New	Registered Agent, if changing

Check if applicable

<sup>☑</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

H22000299230 3

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith. SV as an Add.

Example: X Change	PT Joh	hn Doc		
X Remove	<u>V</u> <u>Mi</u>	ike Jones		
<u>X</u> Add	<u>SV</u> <u>Sa</u>	lly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1)Change	A. SEC	JUAN TORRES	1570 SHADOWLAWN DR	
Add			NAPLES, FL 34104	
X Remove				
2) Change				
Add			174 EA	
Remove 3) Change		<del></del>		Same Private Same
Add			いた。 いた。 でし、 でし、	The state of the s
Remove				
4) Change			<u> </u>	
Add				
Remove				
5) Change		<u> </u>	<u> </u>	
Add				
Remove				
6) Change		<del></del>		
Add				
Remove				

To:

**PRESIDENT** 

(Title of person signing)

Fax: (850) 617-6380

From: AMANDA JOHNS

Fax: 18139325244

Page: 7 of 7

08/31/2022 5:25 PM

H22000299230 3