P11000044203

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Otty/State/Zip/Fillone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



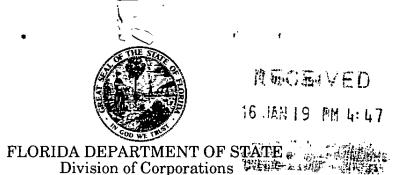
800279517088

11/30/15--01017--016 **35.00

Amard



JAN 2 0 2016 D CONNELL



December 10, 2015

SHARON AMOYAL P O BOX 54376 JACKSONVILLE, FL 32245

SUBJECT: BROTHERS LOCKSMITH, INC.

Ref. Number: P11000044203

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

PLEASE LIST THE PERSON BEING ADDED AS PRESIDENT AND ALSO THE PERSON BEING REMOVED AS PRESIDENT. THE LAST PAGE OF THE DOCUMENT (PAGE 4 OF 4) MUSTBE COMPLETED.

The date of adoption of each amendment must be included in the document.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6050.

Darlene Connell Regulatory Specialist III

Letter Number: 015A00025917

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION: BROTHERS LOCK	SMITH INC	-
DOCUMENT NUMBE	_I_I_5000142014	110000414	903
The enclosed Articles of	Amendment and fee are sub	mitted for filing.	
Please return all correspond	ondence concerning this matt	er to the following:	
• \s) HARON AMOYAL	•	
, ``	1,	Name of Contact Person	
ъ,	ROTHERS LOCKSMITH I		
		Firm/ Company	
P	O BOX 54376		
_		Address	
J.	ACKSONVILLE FL 32245		
	,	City/ State and Zip Code	
sharon2	9974@yahoo.com		
	E-mail address: (to be use	ed for future annual report	notification)
For further information of SHARON AMOYAL	concerning this matter, please	e call: _904	669-0928
		at (_)
Name of	Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for t	he following amount made p	ayable to the Florida Depa	rtment 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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Cliston 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

nn	α	IICDO	1 T /	2011	01.41	***** *	131/3
Вĸ	UI.	HERS	L	ノしド	SMI.	i I H	INC

L15000143914 P110000	44203				
	(Document Number of	Corporation (if known)	 _		
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation ac	lopts the following	g amendi	ment(s)
A. If amending name, enter the new na	me of the corporation:				
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design vord "chartered," "professional associa	cation "Corp," "Inc," or "C	Co". A professional corpora		- bbreviati	
B. Enter new principal office address,				4	_
Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			ග	
			300	₹.	 Taga
				9	şî.
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				PH	
(Mutting dutress MAT BE A POST)	OFFICE BOX		The second secon	မှာ	
				- 25 -	_
			Dan '	<u></u>	_
). If amending the registered agent an	d/or registered office addre	ess in Florida, enter the nan	ne of the		
new registered agent and/or the new	w registered office address:		<u> </u>		
Name of New Registered Agent	SHARON AMOYAL				
	3526 SHADY WOOD STR	EET E	·	-	
	(Florida stre	et address)		•	
New Registered Office Address:	JACKSONVILLE		. Florida 32224		
		City)	.,	Code)	_
New Registered Agent's Signature, if c		ith and accept the obligation	s of the position.		
		10,150,00			

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: XChange	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
I) x Change	Р	BATTIA AMOYAL	3526 SHADY WOODS ST E
Add			JACKSONVILLE, FL 32224
Remove			
2)Change			
Add			
Remove			
3) Change			-
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			<u></u>
Remove			
6) Change			
Add	-		
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
· · · · · · · · · · · · · · · · · · ·	
	•

The date of each amendment(s) add date this document was signed.	option: 11/23/2015	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file a	late)
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requiren artment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the ficient for approval.	amendment(s)
	oved by the shareholders through voting groups. The followach voting group entitled to vote separately on the amena	
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	(voting group)	<u>,</u>
	(voting group)	
action was not required. The amendment(s) was/were adop	oted by the board of directors without shareholder action a oted by the incorporators without shareholder action and sl	
action was not required.		
Dated	22/80/8	
selected	rector, president or other officer – if directors or officers h, by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)	
-	BATTIA - A MOYAL (Typed or printed name of person signing)	
C	ORRENT PRESIDENT (Title of person signing)	
	REMOVED PresiDENT -	