P110000045218

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

Office Use Only



800235122568

05/17/12--01006--025 **43.75

SECRETARY.OF STATE
DIVISION OF CORPGRATIONS

Amenal CC 10 Sp. 11/2

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: ACIONTA PSOVALT, JWC. DOCUMENT NUMBER: P11000045218
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Samuel Skickki
Name of Contact Person Pirm/ Company
1400 Howard St. E
Live Out, FL 32064 City/ State and Zip Code
Same all address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SOLM SLICUSLI at (386) 362-5580
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Street Address

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

to

Articles	of	Incorp	poration
----------	----	--------	----------

Advanta Aspnalt "i	MC.	-
(Name of Corporation as currently filed with the Flo		_
(Document Number of Corporation (if k Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	,	g 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, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must	bbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	n la	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n(a	DIVISION OF CO
D. If amending the registered agent and/or registered office addresses new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	ORPORATIONS PH 1: 11
Name of New Registered Agent \\ \(\sum_{\text{\text{\text{\text{\text{\text{Name of New Registered Agent}}}} \)		
(Florida stree	et address)	
New Registered Office Address: (City)	, Florida (Zip Code)	-
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.	
Signature of New Registered Ag	gent, 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)

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 John</u>	<u>Doe</u>			
X Remove	<u>V</u> <u>Mike</u>	Jones			
X Add	<u>SV</u> <u>Sally</u>	Smith			
Type of Action (Check One)	<u>Title</u>	Name	Addre	<u>s</u> s	
1)Change Add Remove	<u>vP</u>	William K. S	skwart, JR	628 NE166 To Silver Springs,	EW FL: 3448
2) Change Add Remove					- 1 10
3) Change Add Remove					
4) Change Add Remove					
5) Change Add Remove					
6) Change Add Remove					

•	1/	1/4		· <u>-</u>	
•		,(0\		<u> </u>	
					
	-				
					
			,		
an amendment prov	vides for an exchar	nge, reclassificatio	n, or cancellati	on of issued sh	ares,
rovisions for impler (if not applicable,	nenting the amend indicate N/A)		ned in the ame	ndment itself:	
(5)	,	NA			
					
					
					
		,			

The date of each amendment(s) add	option: 5/15/12
Effective date <u>if applicable:</u>	5715/12
Effective date in applicable.	(no more than 90 days after amendment file date)
•	
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	for the amendment(s) was/were sufficient for approval
by	35
	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adoption was not required.	pted by the incorporators without shareholder action and shareholder
Dated W	41512012
Signature	
(By a di	rector, president or other officer—if directors or officers have not been I, by an incorporator—if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Samuel Suevski (Typed or printed name of person signing)
	President
	(Title of person signing)