

P110000 85084

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(Address)

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(Business Entity Name)

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Amend

FEB 11 2020

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Accessibility Specialists of Florida Inc.

DOCUMENT NUMBER: P11000085084

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Toole

Name of Contact Person

Accessibility Specialists of Florida Inc.

Firm/ Company

9556 Historic Kings Road Suite 107

Address

Jacksonville, Florida 32257

City/ State and Zip Code

ktoole@asioffl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Toole

at (904)

514-1926

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

☐ \$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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Accessibility Specialists of Florida Inc.

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

P11000085084

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

9556 Historic Kings Road

Suite 107

Jacksonville, Florida 32257

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

same

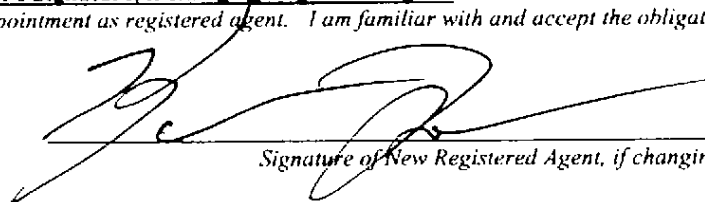
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Kevin Toole
9556 Historic Kings Road Suite 107
(Florida street address)

New Registered Office Address: Jacksonville, Florida 32257
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.



Signature of New Registered Agent, if changing

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JACKSONVILLE

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	PT	James Filichia	2057 Myra Street
<input type="checkbox"/> Add			Jacksonville, FL 32204
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	D	James Filichia	2057 Myra Street
<input type="checkbox"/> Add			Jacksonville, FL 32204
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	S	Patricia Wilson-Filichia	2057 Myra Street
<input type="checkbox"/> Add			Jacksonville, FL 32204
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	P	Kevin Toole	9556 Historic Kings Road
<input checked="" type="checkbox"/> Add			Suite 107
<input type="checkbox"/> Remove			Jacksonville, FL 32257
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

1,000 shares have been exchanged from James Filichia to Kevin Toole as part of the purchase agreement.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

Dated 1-6-2020

Signature _____

(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)

Kevin Toole

(Typed or printed name of person signing)

President

(Title of person signing)