

Division of Corporations

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P11000091244

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
A & R NAPLES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	06 ?
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RE-SUBMIT

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June 6, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

A & R NAPLES, INC.
23580 MILES ROAD
BEDFORD HEIGHTS, OH 44128

SUBJECT: A & R NAPLES, INC.
REF: P11000091244

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

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.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H13000124341
Letter Number: 213A00014292

RE-SUBMIT

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date of submission 6/4

RECEIVED

13 JUN 10 AM 8:05

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: A & R NAPLES, INC.

DOCUMENT NUMBER: P11000091244

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

Please return all correspondence concerning this matter to the following:

Ben Bauzon
SAL CAJAL

Name of Contact Person

A & R NAPLES, INC. DBA COIT Cleaning and
Restoration

Firm/ Company

4541 St. Augustine Rd ste 5

Address

Jacksonville, FL 32207

City/ State and Zip Code

Ben. Bauzon@gmail.com / coit028@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ben Bauzon at 904, 219-4331
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

A & R NAPLES, INC

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

A & R Naples, INC 911000091244

(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." **A & R Naples, INC**

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

**4541 St. Augustine Rd.
Ste 5
Jacksonville, FL 32207**

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

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: _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(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

2013 JUN -01 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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; VP = 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 John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ☐ Change ☐ Add ☒ Remove	President "P"	Harvey Siegel	23580 Miles Rd. Bedford Heights, OHIO, 44128
2) ☐ Change ☐ Add ☒ Remove	Treasurer "T"	Adrienne Siegel	23580 Mile Rd Bedford Heights OHIO, 44128
3) ☐ Change ☒ Add ☐ Remove	President "P"	Benjamin Barron	4541 St. Augustine Rd ste 5, Jacksonville FL, 32207
4) ☐ Change ☒ Add ☐ Remove	Vice President "V"	Salvatore Cajal	4541 St Augustine Rd ste 5, Jacksonville FL, 32207
5) ☐ Change ☐ Add ☐ Remove			
6) ☐ Change ☐ Add ☐ Remove			

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(If not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 6/4/2013

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

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 shareholder(s) 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) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 6-4-13

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)

Benjamin Bauzon
(Typed or printed name of person signing)

President
(Title of person signing)