P11000100704

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SECRETARY OF STATE DIVISION OF CORPORATION

Amend

APR - 1 2013

T RROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: ALL POWE	R PRO INC	
DOCUMENT NUMBI	P1100010070	4	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
l	AURIE VIOLA		
-		Name of Contact Person)
I	AURIE VIOLA II	NC	
_		Firm/ Company	
•	1353 SE 7TH CT	•	
_		Address	
1	DEERFLD BCH.,	FL 33441	
_		City/ State and Zip Code	9
TAX	LADYAPRIL15@	BELLSOUTH.N	IET
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
LAURIE VIOL	Α	at (954	, 426-2177
Name of	Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Amer Divis	ing Address idment Section ion of Corporations Box 6327	Amend Divisio	Address Iment Section on of Corporations Building
= : = : :	hassee, FL 32314	2661 E	executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



ALL POWER PRO INC

(Name of Corporation as c	urrently filed with the	Florida Dept. of State)		
P11000100704				
(Document	Number of Corporation	(if known)		
ursuant to the provisions of section 607.10 s Articles of Incorporation:	006, Florida Statutes, thi	s Florida Profit Corporation add	pts the following amendm	ent(s)
. If amending name, enter the new nam	ne of the corporation:			
N/A			The nev	,
ame must be distinguishable and conta Corp.," "Inc.," or Co.," or the designal cord "chartered," "professional association	tion "Corp," "Inc," or	"Co". A professional corporat	rated" or the abbreviation	ı
• •		N/A		
 Enter new principal office address, if Principal office address <u>MUST BE A STI</u> 	applicable: REET ADDRESS)			
	,			
C. Enter new mailing address, if application (Mailing address MAY BE A POST O		N/A		
				
). If amending the registered agent and	or registered office ad	dress in Florida, enter the nam	e of the	
new registered agent and/or the new	registered office addre	ss:		
Name of New Registered Agent	N/A			
-	(Florida s	street address)		
	N/A	T-1 · 1		
New Registered Office Address:	N/A (Cit	, Florida_	(Zip Code)	

Signature of New Registered Agent, 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 she'ets, 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	<u>PT</u> <u>Joh</u>	nn Doe	
X Remove	<u>V Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sai</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>V</u>	LAURA ANN MARCIN	75746 JOHNSON LAKE RD
X_Add			YULEE, FL 32097
Remove			
2) Change			4-2
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
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)
LAURA MARCIN IS THE OWNER OF 51% OF THE STOCK FOR
ALL POWER PRO INC EFFECTIVE MARCH 15, 2013.
NOAH KANE RETAINS 49% OF THE REMAINING STOCK
OF ALL POWER PRO INC.
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) a	doption: MARCH 15, 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 ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach 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 adaction was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder
Dated MARC	CH 15, 2013
Signature	
selecte	firector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)
	NOAH KANE
	(Typed or printed name of person signing)
	PRES.
	(Title of person signing)