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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATIO	N:APCN, INC.			
DOCUMENT NUMBER: _	P1200002153	30	<u> </u>	
The enclosed Articles of Ame	ndment and fee are su	bmitted for filing.		
Please return all corresponden	ce concerning this ma	tter to the following	ıg:	
	VINCENT MEDINA			
	APCN, INC.	Name of Conta	act Person	
	7215 NW 79 TER	Firm/ Con	npany	
	MEDLEY, FL 33166	Addre	SS	
		City/ State and	Zip Code	
	vmedina@marinemo	ds.com		
E-	mail address: (to be us	sed for future annu	ıal report r	notification)
For further information concer	ming this matter, pleas	se call:		
VINCENT MEDINA		at (305	785 3355
Name of Conta	ct Person		Area Cod	le & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made p	payable to the Flo	rida Depai	rtment of State:
	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Certified Cop (Additional co enclosed)	y	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Malling Ad Amendment Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27		Amenda Division Clifton 2661 Ex	Address nent Section n of Corporations Building secutive Center Circle ssee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ntly filed with the Florida Dept. of State)
APCN, INC.	<u></u>
(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
MARINE MODS, INC.	The new
name must he distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must cóntain spe 🤼
B. Enter new principal office address, if applicable:	7215 NW 79 TER 97
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	MEDLEY, FL. 33166
	9F. 5
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7215 NW 79 TER
	MEDLEY, FL. 33166
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida	sireet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	
I not coy accept the appointment as register on agent. I amjumme	
Signature of New	v 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 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: X Change	<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
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			v december - Str 177 - 1
Add			
Remove	,		
5) Change	1_ 12 2 -		
Add			
Remove			
6) Change		many shares have believe these distance that the control of the co	
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	
<u> </u>	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	· · · · ·
	· · · · · · · · · · · · · · · · · · ·

late this document w	vas signed.
Effective date <u>if ap</u>	4/21/2017
meenve date <u>n ap</u>	(no more than 90 days after amendment file date)
	serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
doption of Amend	ment(s) (CHECK ONE)
	s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) ers was/were sufficient for approval.
	s) was/were approved by the shareholders through voting groups. The following statement ly provided for each voting group entitled to vote separately on the amendment(s):
"The number	er of votes east for the amendment(s) was/were sufficient for approval
by	(voting group)
•	(voting group)
The amendment(s action was not rec	s) was/were adopted by the board of directors without shareholder action and shareholder quired.
The amendment(s action was not rec	s) was/were adopted by the incorporators without shareholder action and shareholder quired.
D _i	
	gnature U went on D
	(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)
	VINCENT MEDINA
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

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