

From:

02/22/2013 12:34

P.001/007

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H13000041505 3)))



H130000415053ABCT

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

From: Account Name : ALL ABOUT LICENSES INC
Account Number : 120130000006
Phone : (305) 226-8727
Fax Number : (305) 226-8767

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2013 FEB 22 PM 3:16
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

****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
PRO STRIPING USA CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
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Amend

Electronic Filing Menu

Corporate Filing Menu

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From:

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#333 P.002/007

850-617-0381

2/22/2013 9:55:37 AM PAGE 1/001 Fax Server



February 22, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PRO STRIPING USA CORP
8163 NW 74TH AVE
MEDLEY, FL 33166US

SUBJECT: PRO STRIPING USA CORP
REF: P12000022652

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

The registered agent must sign accepting the designation.

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.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H13000041505
Letter Number: 913A00004345

RECEIVED
13 FEB 22 AM 8:08
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

From:

02/22/2013 12:35

#333 P.003/007

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PRO STRIPING USA CORP

DOCUMENT NUMBER: P12000022652

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

Please return all correspondence concerning this matter to the following:

LUCIA ESTRELLA

Name of Contact Person

ALL ABOUT LICENSES INC

Firm/ Company

8300 WEST FLAGLER ST

Address

MIAMI, FL. 33144

City/ State and Zip Code

RUTHLEDESMA@BELLSOUTH.NET

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

For further information concerning this matter, please call:

LUCIA ESTRELLA

Name of Contact Person

at (305) 226-8727

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

H 13000041 505-3

From:

02/22/2013 12:35

#333 P.004/007

Articles of Amendment
to
Articles of Incorporation
of

PRO STRIPING USA CORP

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

P12000022652

(Document Number of Corporation (if known))

FILED
2013 FEB 22 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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

ISIDRO ANIEL BETANCOURT

8163 NW 74TH AVE

(Florida street address)

New Registered Office Address:

MEDLEY

(City)

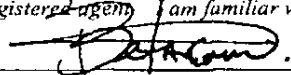
Florida

33166

(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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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) ☐ Change PRES OSVALDO MONZON 1320 NW 24TH ST
 ☐ Add APT 304
 ☒ Remove MIAMI, FL 33142

2) ☐ Change PRES ISIDRO ANIEL BETANCOURT 8163 NW 74TH AVE
 ☒ Add MEDLEY, FL. 33166

☐ Remove _____

3) ☐ Change _____ _____ _____
 ☐ Add _____
 ☐ Remove _____

4) ☐ Change _____ _____ _____
 ☐ Add _____
 ☐ Remove _____

5) ☐ Change _____ _____ _____
 ☐ Add _____
 ☐ Remove _____

6) ☐ Change _____ _____ _____
 ☐ Add _____
 ☐ Remove _____

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E. If amending or adding additional Articles, enter change(s) here:

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

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)

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The date of each amendment(s) adoption: 02/21/2013

Effective date if applicable: 02/21/2013

(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 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

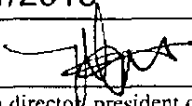
by _____
(voting group)

☐ The amendment(s) 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 02/21/2013

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)

OSVALDO MONZON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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