

P120000023085

Division of Corporations

Page 1 of 1

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000329176 3))



H180003291763ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

FILED
 2018 NOV 15 AM 9:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

From: Account Name : FASTKIT CORP
 Account Number : I20100000009
 Phone : (305) 599-0839
 Fax Number : (305) 592-9591

Amend

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

Email Address: _____

NOV 15 2018
 I ALBRITTON

COR AMND/RESTATE/CORRECT OR O/D RESIGN
 A 1 PLUS FULL SERVICES INC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

RECEIVED
 2018 NOV 15 PM 3:45
 SECRETARY OF STATE
 TALLAHASSEE, FL

Electronic Filing Menu Corporate Filing Menu Help

FILED

2018 NOV 15 AM 9:09

SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

Articles of Amendment
to
Articles of Incorporation
of

A I PLUS-FULL SERVICES INC

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

P12000023085

(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)

660 W 84TH ST
HIALEAH, FL 33014

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

2090 SW 67TH AVE
MIAMI FL 33155

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 ALAIN CORDERO
1755 SW 127 PL
(Florida street address)

New Registered Office Address: MIAMI, Florida 33175
(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

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 <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>YOELVYS DE LA PAZ DAMAS</u>	<u>2090 SW 67TH AVE</u> <u>MIAMI FL 33155</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>ALAIN CORDERO</u>	<u>1755 SW 127 PL</u> <u>MIAMI FL 33175</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
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			

The date of each amendment(s) adoption: 11/14/2018, 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) 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 11/14/2018

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)

ALAIN CORDERO

(Typed or printed name of person signing)

P

(Title of person signing)