P1200075577

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Advance DOCUMENT NUMBER: P12000075	e Pro Services Inc
The enclosed Articles of Amendment and fee a	are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Fabio Fernand	dez
	Name of Contact Person
Advance Pro	Services Inc
	Firm/ Company
8622 Tanglevi	ine Ln Apt 203
	Address
Tampa, FL 33	614
	City/ State and Zip Code
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
Fabio Fernandez	_{at (} 813) 217-2019
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount n	nade payable to the Florida Department of State:
■ \$35 Filing Fee Sertificate of Star	
	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

Advance Pro Services Inc			
(Name of Corporation as currentl	y filed with the Florida	Dept. of State)	
P12000075577			
(Document Number	of Corporation (if know	n)	<u> </u>
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this <i>Florid</i>	a Profit Corporation adopts the follow.	ing amendment(s) to
A. If amending name, enter the new name of the	e corporation:		
			The new
name must be distinguishable and contain the v "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Co".	ompany," or "incorporated" or the A professional corporation name mus	abbreviation t contain the
word chartered, projessional association, or i	me dobrevitation 1.A.		· 古 语句
B. Enter new principal office address, if applica			- 三
(Principal office address <u>MUST BE A STREET A</u>	<u>DDRESS</u>)		0 25-
C. Enter new mailing address, if applicable:			-3 PM 1: 47
(Mailing address <u>MAY BE A POST OFFICE i</u>			- 1 ar - -
D. If amending the registered agent and/or registered agent and/or the new register		Florida, enter the name of the	
Name of New Registered Agent			
	(Florida street add	ress)	
View Bestever LOMes Address		Chalde	
New Registered Office Address:	(City)	, Florida(Zip Code)	
	,		
New Registered Agent's Signature, if changing F I hereby accept the appointment as registered agen		d accept the obligations of the position.	
Signature of	New Registered Agent.	f changing	

If amonding 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 D	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VP		FABIO FERNANDEZ	8622 TANGLEVINE LN
Add				#203
Remove				Tampa, FL 33614
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		<u>. </u>		
Add				
Remove				
5) Change		_		<u></u>
Add				
Remove				
6) Change				
Add		_		
Remove				

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)	
		
		
		
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of an amount was it as for an area.		- h
provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued adment if not contained in the amendment itsel	snares, <u>f:</u>

The date of each amendment(s) adoption:	, if other than the
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 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)	
(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 11/25/2013	
Signature Ages	
(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)	
Fabio Fernandez	
(Typed or printed name of person signing)	
VP	
(Title of person signing)	