Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H150002909473)))



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To:

Division of Corporations

Fax Number: : (850) 617-6380

From:

Account Name : LICENSES ETC INC

Account Number : I20070000159 Phone : (239)777-1028

: (877)275-3593 Fax Number

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

Email Address: ETC@LICENSESETC.COM

COR AMND/RESTATE/CORRECT OR O/D RESIGN ALLSTATE CONTRACTING GROUP, CORP

Certificate of Status	0
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COVER LETTER

TO: Amendment Section Division of Corporations		方品
NAME OF CORPORATION: ALLSTATE O	CONTRACTING GROUP, CORP	
DOCUMENT NUMBER: P13000048316	6	
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	g e
Please return all correspondence concerning this mat	ter to the following:	領地の
Lisa Adams		***
<u>-</u>	Name of Contact Person	
Licenses, Etc.		
	Firm/ Company	
886 110th Ave. N., S	uite #6	
	Address	
Naples, FL 34108		
	City/ State and Zip Code	
etc@licensesetc.com		
E-mail address: (to be us	ed for future annual report notification)	
For further information concerning this matter, pleas	e call:	
Lisa Adams	at (239) 777-8321	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made p	nayable to the Florida Department of State:	
S35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee 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	

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Articles of Amendment to Articles of Incorporation

(Name of Cornoration a	is currently filed with the Florida Dept. of State)
	13000048316
	Number of Corporation (if known)
	,
Pursuant to the provisions of section 607,1006, Florida Sta as Articles of Incorporation:	atutes, this Floridu Profit Corporation adopts the following amendment(s) t
. If amending name, enter the new name of the corpo	ration:
	The new
	corporation," "company," or "incorporated" or the ubbreviation Inc," or "Co". A professional corporation name must contain the reviution "P.A."
Enter new principal office address, if applicable:	
Principal office address <u>MUST BE A STREET ADDRES</u>	<u>SS</u>)
. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	13 x 51
	9
. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	
Marie Control of the	
•	(Florida street address)
New Registered Office Address:	, Florida
	(Eq. Cies)
ew Registered Agent's Signature, if changing Register	
nereby accept the appointment as registered agent. I am	n familiar with and accept the obligations of the position.
•	
Signatur	e 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.

X Change	PT John	1 Doc		
X Remove	<u>V</u> <u>Mik</u>	Mike Jones		
X Add	SV Sall	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	Address	
1) Change	<u>VP</u>	George Sorbara	151 Burningtree Dr.	
Add			Naples, FL 34105	
X Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add		·		
Remove				
5) Change				
Add			·	
Remove				
б) Change				
Add				
Remove				

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If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
	······································
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and adment if not contained in the amendment itself:

The date of each amendment(s) addate this document was signed.	option:		_ if other than the
Effective date if applicable:			
	(no more than !	90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep		icable statutory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopty the shareholders was/were suf		ne number of votes east for the amendment(s)	
		rough voting groups. The following statement vote separately on the amendment(s):	
"The number of votes east i	or the amendment(s) was/we	ere sufficient for approval	
by		••	
	(voting group)		

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Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
	rere adopted by the shareholders. 'were sufficient for approval.	The number of votes east for the amendment(s)
		through voting groups. The following statement to vote separately on the amendment(s):
"The number of vot	es east for the amendment(s) was/	were sufficient for approval
by	(voling group)	·,
	(voting group)	
action was not required.		ors without shareholder action and shareholder without shareholder action and shareholder
DatedD	December 8th, 2015	L A L
	(By a director, president or other of	officer - if directors or officers have not been the hands of a receiver, trustee, or other court may)
	KRZYSZ	TOF ANTONIAK
(Typed or printed name of person signing)		
		P

(Title of person signing)