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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	TION:ONI	E VALESOF CORP		
DOCUMENT NUMBER: P13000098397				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.		
Please return all correspo	ondence concerning this ma	tter to the following		
	_	ADRIANA LANCHERO	os	
		Name of Contact Person		
_		Firm/ Company		
	134 S	OUTH DIXIE HIGHWAY	SUITE 216	
_		Address		
	H	IALLANDALE BEACH,FL	. 33009	
_		City/ State and Zip Code		
		alancheros@yahoo co	m	
	E-mail address: (to be us	sed for future annual report (	notification)	
For further information c	oncerning this matter, pleas	se call		
ADRIANA LANCHER	os	at (	8482584	
Name of	Contact Person	Area Coc	ie & Daytime Telephone Number	
Enclosed is a check for the	he following amount made [	payable to the Florida Depa	riment of State.	
■ \$35 Filing Fee	□\$43,75 Filing Fee & Certificate of Status	☐\$43.75 Fiting 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

Street Address
Amendment Section
Division of Corporations

## Articles of Amendment to Articles of Incorporation of

2015;	26	PH	4: <u>4</u> :

## ONE VALESOF CORP

	ONE VALESO	OF CORP
(Name)	of Corporation as curren	tly filed with the Florida Dept. of State)
<del>.</del>	P13000098	397
<del></del>	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:	
N/A		Th
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "PA."
B. Enter new principal office address,	if amplicables	N/A
B. <u>Enter new principal office address</u> , (Principal office address <u>MUST BE A S</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A
	<del></del>	
D. If amending the registered agent an		
new registered agent and/or the new	w registered office addres	<u>55:</u>
Name of New Registered Agent	N/A	
	(Florida s	treet address)
New Registered Office Address:	N/A	Florida N/A
New Registered Office Address:		(City) (Zip Code)
New Registered Agent's Signature, if c		
I hereby accept the appointment as regist	ered agent. I am familiar	with and accept the obligations of the position.
<del> </del>	Signature of New	Registered Agent, if changing
	mgmmare of tren	magamer ou rigeral, it canadang

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)

Remove

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 Doc 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 SV Sally Smith <u>Address</u> Type of Action Title <u>Name</u> (Check One) 7701 NW 15TH STREET Leyda Mary Perdomo Perdomo 1) \_\_\_\_ Change CO 286943 \_\_ Add MIAMLEL 33106 Remove ۷P Valeria PrietoPerdomo 7701 NW 15TH STREET 2) \_\_\_\_ Change CO 286943 \_\_ Add MIAMLEL 33106 \_Remove 7701 NW 15TH STREET S Sofia Prieto Perdomo 3 ) \_\_\_\_ Change CO 286943 \_\_ Add MIAMI,FL 33106 Remove 134 SOUTH DIXIE HIGHWAY VASOLET GROUP INC. 4) \_\_\_\_ Change X **SUITE 216** Add Hallandale Beach,FL 33009 \_\_ Remove 5) \_\_\_\_ Change \_\_ Add Remove 6) \_\_\_\_ Change \_\_ Add

	rticles, enter change(s) here: ). (Be specific)	
/A		
· · · · · · · · · · · · · · · · · · ·		
provisions for implementing the an	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	
(if not applicable, indicate N/4)		
Α		
	<u> </u>	
	• <del>. • • • • • • • • • • • • • • • • • </del>	

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N/A
The date of each amendment(s) adoption:, if other than the
date this document was signed.
N/A
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)
(no more than 21 days after timenomen fire and)
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) ( <u>CHECK ONE</u> )
■ The amendment(s) was/were adopted by the shareholders. The number of votes east 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 N/A (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.
SEPTEMBER 13,2019
Signature Lay Lay feel to (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)
LEVEL MADY BEDDOMO BEDDOMO
LEYDA MARY PERDOMO PERDOMO
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)