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.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : TRANSAMERICA ACCOUNTING & SERVICES INC

Account Number : I20090000046

Phone

: (239)274-8290

Fax Number

: (239)415-7373

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

Email Address: Inacioar leine

COR AMND/RESTATE/CORRECT OR O/D RESIGN PROFESSIONAL FLOORING AND SERVICES CORP

AUG 1 5 2022

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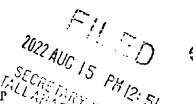
AUG. HORAK

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Help

Articles of Amendment to



	ncorporation Sc- AUG 15	
	ing and services corp	
(Name of Corporation as curren	tly filed with the Florida Dept. of State	
P130	00098796	
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new name of the corporation:		
PROFESSIONAL ASSEMBLY & SERVICES CORP	The new	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
B. Enter new principal office address, if applicable:	3402 2ND ST W	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	LEHIGH ACRES, FL 33971	
C. Enter new mailing address, if applicable; (Malling address MAY BE A POST OFFICE BOX)	3402 2ND ST W	
	LEHIGH ACRES, PL 33971	
·		
D. If amending the registered agent and/or registered office ad-	dress in Florida, enter the name of the	
new registered agent and/or the new registered office address	·	
Name of New Registered Agent		
(Florida s	treet address)	
New Registered Office Address:	, Florida	
•	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen	ıt:	
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	
Check if applicable		

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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:

X Change	<u>PT</u>]	John Doe	
X Remove	<u>v</u> <u>!</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check Onc)	Title	Name	<u>Addres</u> s
I) X Change	VP	MARCELO INACIO	3402 2ND ST W
Add			LEHIGH ACRES, FL 33971
Remove			
2) X Change	<u>P</u>	ARLEIA S SILVA	3402 2ND ST W
Add			LEHIGH ACRES, FL 33971
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) ART III: THE PURPOSE FOR WHICH THIS CORPORATION IS ORGANIZED IS:				
<u> </u>				
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)				

The date of each amendment(s) a date this document was signed.	doption:		_, if other than the
Effective date if applicable:			
	(no more than 90 d	days after amendment file date)	-
Note: If the date inserted in this I document's effective date on the D	plock does not meet the applicable epartment of State's records.	ole statutory filing requirements, this date will	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were adaction was not required.	opted by the incorporators, or box	ard of directors without shareholder action and s	shareholder
☐ The amendment(s) was/were adby the shareholders was/were so		umber of votes cast for the amendment(s)	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through each voling group entitled to vo	gh voting groups. The following statement te separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were	sufficient for approval	
by		, n	
	(voting group)		
Dated	08/13/2022		
Signature A	lova S. Silva		_
selecte	irector, president or other officer d, by an incorporator – if in the h ted fiduciary by that fiduciary)	- if directors or officers have not been ands of a receiver, trustee, or other court	-
		ARLEIA S SILVA	
	(Typed or printed nar	me of person signing)	
		PRESIDENT	
	(Title of person signi	ng)	-