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COVER LETTER

TO: Amendment Section

Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

OCUMENT NUMBER: PA4000 62325			
he enclosed Articles of Amendment and fee are submitted for filing.			
ease return all correspondence concerning this matter to the following:			
Name of Contact Person Ace Audio Vi Sucal Firm/ Company 1973 Tour name of Contact Person Address Address City/ State and Zip Code E-mail address: (to)be used for future annual report notification)	· `		
For further information concerning this matter, please call:			
Tennifer Gows Lie at 918, 694-7173 Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Status S43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) Certified Copy is enclosed) Certified Copy is enclosed) Certified Copy is enclosed)			
Mailing Address Street Address			

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

-to

Articles of Incorporation

of

Ace Audio Vi	sual, Inc
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P14000062	3 2 5
(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) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office addre	
Name of New Registered Agent Jeni.	fer Gourdie 5
New Registered Office Address: Popka	Tournament Dr. areet address) (City) Florida 32712 (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	
Dennile	Doendie
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:	, 63763 5641	y omm, or to an mu.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	8	Harlan Gourdie	1973 Tournament O
Add Remove			deceased
2) Change Add		Jennifer Gourdie	1973 Tournament Dr. Apopka, F1 32712
Remove			
3) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change		 	
Add			
Remove			·
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)			
		· · · · · ·		
	<u>_</u> .			
		 _		
	<u>-</u>			
<u>If an amendment provides for an exch</u>	ange, reclassification	, or cancellation o	f issued shares,	
provisions for implementing the amer	<u>idment if not contair</u>	<u>ed in the amendrr</u>	ent itself:	
(if not applicable indicate NIA)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)	· · · · · · · · · · · · · · · · · · ·		·	
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				
(if not applicable, indicate N/A)				

The date of each amendment(s) adoption:date this document was signed.	8-9-11	, if other than the
Effective date <u>if applicable</u> : (no mo	ore than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet a document's effective date on the Department of State's re-		date will not be fisted as the
Adoption of Amendment(s) (CHECK O	<u>NE</u>)	
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.		nt(s)
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group el		ment
"The number of votes cast for the amendment(s	s) was/were sufficient for approval	
by(voting group	<u></u> ,"	
☐ The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and shareho	lder
The amendment(s) was/were adopted by the incorporaction was not required.	rators without shareholder action and shareholder	
Dated 8 - 9 -	17	
	other officer – if directors or officers have not been if in the hands of a receiver, trustee, or other confiduciary)	
Jenn	ifer Gourdie	
(Typed o	or printed name of person signing)	
	(Title of person signing)	