

P140000082982

(Requestor's Name)

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☐ PICK-UP

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10/22/14--01016--014 **43.75

02/26/15--01023--013 **58.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 FEB 26 PM 12:06

cus
Amend/Name chg
@ 2/27/15

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ALL STATES PROFESSIONAL SERVICES INC.

DOCUMENT NUMBER: P14000082982

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARY BAXTER

Name of Contact Person

ALL STATES PROFESSIONAL SERVICES INC.

Firm/ Company

13080 SW 248TH STREET SUITE 8

Address

HOMESTEAD, FL 33032

City/ State and Zip Code

BUSINESSSERVICES248@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY BAXTER

Name of Contact Person

at (786) 216-4498

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2014

MARY BAXTER
ALLSTATES PROFESSIONAL SERVICE CORP
13080 SW 248TH STREET - STE. 8
HOMESTEAD, FL 33032

SUBJECT: ALLSTATES PROFESSIONAL SERVICE CORP
Ref. Number: P14000082982

Memo #: 12740-B

This letter is to inform you that your check number 1131 for \$43.75, which was dated October 21, 2014 and submitted for ALLSTATES PROFESSIONAL SERVICE CORP has been returned to us by your bank because of NON SUFFICIENT FUNDS.

We are notifying you because our records indicate that the paperwork for ALLSTATES PROFESSIONAL SERVICE CORP has not been filed and was returned to you because of deficiencies in the document. If you send the document back to us to be filed, be sure to enclose a cashier's check or money order in the amount of \$58.75, as we cannot take credit card information over the phone. This will cover the unpaid check and also the service fee required by law under section 215.34, Florida Statutes.

When sending the cashier's check or money order, please indicate that it is a replacement for the returned check mentioned above. Also, please include in your response the Debit Memo number given above. Send your response to:

Division of Corporation
Attn: IRENE ALBRITTON
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions you may contact me at (850) 245-6887.

Garry Leonard
Administrative Assistant

Letter Number: 814A00024255



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2015

MARY BAXTER
ALLSTATES PROFESSIONAL SERVICE CORP
13080 SW 248TH STREET - STE. 8
HOMESTEAD, FL 33032

SUBJECT: ALLSTATES PROFESSIONAL SERVICE CORP
Ref. Number: P14000082982

We have received your document for ALLSTATES PROFESSIONAL SERVICE CORP. However, the document has not been filed and is being returned for the following:

Please see the enclosed letter dated November 14, 2014.

The total amount due is \$58.75.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 515A00002690

Articles of Amendment
to
Articles of Incorporation
of

ALLSTATES PROFESSIONAL SERVICE CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000082982

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

ALL STATES PROFESSIONAL SERVICES INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: N/A, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

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2015 FEB 26 PM 12:06

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

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)

N/A

The date of each amendment(s) adoption:
date this document was signed.

10/14/2014

if other than the

Effective date if applicable:

11/14/2014

(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)

☐ 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 11/10/14

Signature ELISHA BAXTER

(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)

ELISHA B BAXTER

ELISHA BAXTER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)