

P1500000 8816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name in use
L11000029278

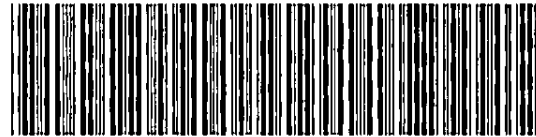
- no box chkd

- not enough for AL fee

Need 450.00 (1085.00 tot.)

Office Use Only

2544
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07/30/18--01040--001 **835.00

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Amel

R. WHITE
SEP 25 2018

FILED
2018 SEP 21 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2018

MARIA ELENA MASSININO
10191 W SAMPLE RD STE 205A
CORAL SPRINGS, FL 33065

SUBJECT: APG, INC
Ref. Number: P15000008816

We have received your document for APG, INC and your check(s) totaling \$635.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L11000029278.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The total fee to file the reinstatement is \$1085.00. Therefore, an additional \$450.00 is due.

L11000029278

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Rebekah White
Regulatory Specialist II

Letter Number: 318A00015853

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: APG, INC

DOCUMENT NUMBER: P15000008816

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

Please return all correspondence concerning this matter to the following:

VERONICA MASSIMINO

Name of Contact Person

APG, INC

Firm/ Company

10191 W SAMPLE ROAD, 205A

Address

CORAL SPRINGS FL 33065

City/ State and Zip Code

RONNI@ARRAYPG.COM

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

For further information concerning this matter, please call:

VERNA MALCOLM

at (954)

358-4272

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

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing 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
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

2018 SEP 21 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLArticles of Amendment
to
Articles of Incorporation
of

APG, INC

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

P15000008816

(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:

APG OF SOUTH FLORIDA, 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**)

10191 W SAMPLE ROAD, SUTIE 205A

CORAL SPRINGS FL 33065

C. Enter new mailing address, if applicable:(Mailing address **MAY BE A POST OFFICE BOX**)

10191 W SAMPLE ROAD, SUTIE 205A

CORAL SPRINGS FL 33065

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

(Florida street address)

New Registered Office Address:

(City)

Florida

(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

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	P	RAYMOND DIROCCO	7800 W OAKLAND PARK BLVD
<input type="checkbox"/> Add			SUITE C306
<input checked="" type="checkbox"/> Remove			SUNRISE FL 33351
2) <input type="checkbox"/> Change	P	VERONICA MASSIMINO	10191 W SAMPLE RD
<input checked="" type="checkbox"/> Add			SUITE 205A
<input type="checkbox"/> Remove			CORAL SPRINGS FL 33065
3) <input type="checkbox"/> Change	VP	JOHN MASSIMINO	10191 W SAMPLE RD
<input checked="" type="checkbox"/> Add			SUITE 205A
<input type="checkbox"/> Remove			CORAL SPRINGS FL 33065
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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) (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

9/11/18

Signature

Veronica Massimino

(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)

VERONICA MASSIMINO

(Typed or printed name of person signing)

President

(Title of person signing)