## P1500035072

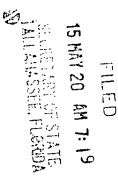
	(Requestor's Name)	
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PICK-U	P WAIT	MAIL
	(Business Entity Name)	
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Special Instruction	s to Filing Officer:	- "
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ROBERT P FRIG	ON INC	
DOCUMENT NUMB			
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ROBERT FRIGON		
<del>-</del>		Name of Contact Person	n
	ROBERT P FRIGON INC		
-	<del></del>	Firm/ Company	
	1080 S HOAGLAND BLVD	LOT 97	
-		Address	
	KISSIMMEE, FL 34741		
-		City/ State and Zip Cod	e
OLSO	NINS@YAHOO.COM		
		sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
ROBERT FRIGON		at ( 407	) 552-1161 de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Amer Divis P.O.	ing Address odment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section of Corporations Building xecutive Center Circle

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as	currently filed with the Florida Dept. of State)	
P15000035072		
(Document N	Number of Corporation (if known)	_ <del></del> _
	•	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation adopts the following	g amendment(s) t
A. If amending name, enter the new name of the corpor	ation:	
name must be distinguishable and contain the word "co		_The new
name must be distinguishable and contain the word 'c "Corp.," "Inc.," or Co.," or the designation "Corp," "It word "chartered," "professional association," or the abbre	nc," or "Co". A professional corporation name must c	ooreviation contain the
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRES</u>	<u></u>	
		<del></del>
		<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(maning dutiess MAT BE A LOST OFFICE BOX)		
	<del></del>	
D. If amending the registered agent and/or registered of		
new registered agent and/or the new registered office	e address:	
Name of New Registered Agent		_
	Florida street address)	-
V. D. Samulotti (11)	***	
New Registered Office Address:	(City) , Florida (Zip C	Code)
		,
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent. I am,	familiar with and accept the obligations of the position.	
	<u>≥</u> K Linc	5
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		72 E
Signature	of New Registered Agent, if changing	0 [
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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 Doc	
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change	VP	AARON ARJUNE	1080 S HOAGLAND BLVD
X Add			LOT 97
Remove			KISSIMMEE, FL 34741
2) Change	·		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remoye			
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)			
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f an amendment provides for an exchi provisions for implementing the amer	ange, reclassification	, or cancellation o	f issued share ent itself:	<u>S.</u>
(if not applicable, indicate N/A)			<u></u>	
		· · · · · · · · · · · · · · · · · · ·		

The date of each amendment(s) adoption:	, if other than th
Effective date if applicable:  (no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	l not be listed as th
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.	
Signature  (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)	
ROBERT FRIGON	
(Typed or printed name of person signing)	<del></del>
PRESIDENT	
(Title of person signing)	