

# P15000056303

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H150002113173)))



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To: Division of Corporations  
Fax Number : (850) 617-6380

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
HALO SERVICE INC.**

Certificate of Status	0
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SEP 14 2015

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September 11, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HALO SERVICE INC.  
19340 BOBO LINK DR  
HIALEAH, FL 33015

SUBJECT: HALO SERVICE INC.  
REF: P15000056303

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

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.

Darlene Connell  
Regulatory Specialist III

FAX Aud. #: H15000211317  
Letter Number: 115A00019229

RECEIVED  
15 SEP 11 PM 1:50  
REGULATORY SPECIALIST III  
DARLENE CONNELL



September 3, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HALO SERVICE INC.  
19340 BOBO LINK DR  
HIALEAH, FL 33015

SUBJECT: HALO SERVICE INC.  
REF: P15000056303

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE FORM BEING USED IS FOR A NON-PROFIT CORPORATION. WE MUST HAVE THE FOR-PROFIT AMENDMENT FORM COMPLETED. THE LAST PAGE OF THE DOCUMENT IS STILL NOT CORRECT SINCE A PROFIT CORPORATION WOULD BE ADOPTED BY SHAREHOLDERS OR BY DIRECTORS OR INCORPORATORS WITHOUT SHAREHOLDER APPROVAL.

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.

Darlene Connell  
Regulatory Specialist III

FAX Aud. #: H15000211317  
Letter Number: 815A00018640

RECEIVED  
15 SEP 10 AM 4:16  
REGULATORY SPECIALIST III  
DARLENE CONNELL  
FAX 245-6050



September 2, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HALO SERVICE INC.  
19340 BOBO LINK DR  
HIALEAH, FL 33015

SUBJECT: HALO SERVICE INC.  
REF: P15000056303

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

Amendments are filed in compliance with section 607.1006, Florida Statutes.

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.

Darlene Connell  
Regulatory Specialist III

FAX Aud. #: H15000211317  
Letter Number: 815A00018523

Articles of Amendment  
to  
Articles of Incorporation  
of

HALO SERVICE INC

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

P 15000056303

(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:

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)

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 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:

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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15 SEP 11 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
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	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:  
(Attach additional sheets, if necessary). (Be specific)

ARTICLE III CHANGED:

PURPOSE FOR WHICH CORPORATION IS ORGANIZED:  
REPAIR AND REPLACEMENTS SERVICE OF FIXTURES.

THE NEW PURPOSE IS: "ANY AND ALL LAWFULL  
BUSINESS"

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) adoption: AUG 31, 2015 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 AUG 31, 2015

Signature [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)

NATALIA MORENO

(Typed or printed name of person signing)

PRESIDENT AND VICE-PRESIDENT

(Title of person signing)