Phorida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H18000235938 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 Fax Number : (813)932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: bill@activatemylicense.com

18 AUG 13 FM 2: (19 SECRETARY OF STATE

COR AMND/RESTATE/CORRECT OR O/D RESIG OLDSMAR ENTERPRISE INC

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1/1

From Bill Moore

Fax: (813) 932-5244

To:

Fax: (850) 817-8380

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COVER LETTER

TO: Amendment Section Division of Corporations

(((H18000235938 3)))

NAME OF COR	PORATION:	OLDSMAR ENTERPRISE INC		
DOCUMENT NU	JMBER:	BER:P15000060667		
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.		
Please return all co	orrespondence concerning thi	s matter to the following:		
		BILL MOORE		
	N	Jame of Contact Person		
	CONTRACTORS	REPORTING SERVICE, INC		
	Firm/ Company			
	13795 N Nebraska Ave			
		Address		
		ampa, FL 33613		
	C	ity/ State and Zip Code		
	E-mail address: (to be use	d for future annual report notification)		
For further inform	ation concerning this matter,	please call:		
	BILL MOORE	atat(813) 932-5244		
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a chec	k for the following amount n	nade payable to the Florida Department of State:		
S35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is e	enclosed)	
Mailing A Amendmer		Street Address Amendment Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301		

Fax: (813) 932-5244

Fax: (850) 617-8380

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Articles of Amendment to Articles of Incorporation of

To:

OLD	SMAR ENTERPRISE INC	
(Name of Corporation	as currently filed with the Florid	a Dept. of State)
	P15000060667	
(Docum	ent Number of Corporation (if kno	own)
ursuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation:	, Florida Statutes, this Florida Pr	rofit Corporation adopts the follow
If amending name, enter the new name of	the corporation:	
		The new
ame must be distinguishable and contain to bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "prof	designation "Corp," "Inc," or "C	o". A professional corporation
3. Enter new principal office address, if appl Principal office address <u>MUST BE A STREE</u> ?		
Enter new mailing address, if applicable:	er bav:	
(Mailing address MAY BE A POST OFFIC	<u> </u>	
. If amending the registered agent and/or re	egistered office address in Florida	a, enter the name of the
new registered agent and/or the new regis		
Name of New Registered Agent:		AUG 13 Z
		SSE SSE
New Registered Office Address:	(Florida street address)	
-		Florida \mp
	(City)	(Zip Code) s
ew Registered Agent's Signature, if changin		
hereby accept the appointment as registered as	gent. I am familiar with and accep	nt the obligations of the position.
Si	gnature of New Registered Agent, i	if changing

Page 1 of 3

Fax: (813) 932-5244

Fax (850) 617-6380

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To: If amending the Officers and/or Directors, enter the title and name of each officer/director being (((H18000235938 3))) removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	RANDA M PUSATERI	415 SHORE DR E	□ Add
		OLDSMAR, FL 34677	Remove
			□ Add
			☐ Remove
		 -	
			□ Add
			☐ Remove
			☐ Add
			☐ Remove
			□ Add
			☐ Remove
			□ Add
			☐ Remove
	ig or adding additional Articles, er		
(attaen aaa	itional sheets, if necessary). (Be s	sectific)	
			
			
•			
		reclassification, or cancellation of issued shares,	
	s for implementing the amendmen applicable, indicate N/A)	t if not contained in the amendment itself:	
(1) 1101	approducte, indicate (1771)		
			
			
			
			<u> </u>
			

From: Bill Moore	Fax: (813) 932-5244 e of each amendment	To.	Fax; (850) 817-6380	Paga 5 of 5 08/13/2018 2 00 PM (((111.მწმტებები 3)))
The Gatt	e or each amenument	(s) adoption	nte of adoption is required)	
Effective	e date <u>if applicable</u> :			
		(no more than 90 day	s after amendment file date)	
Adoptio	n of Amendment(s)	(<u>CHECK</u>	(ONE)	
		re adopted by the share ere sufficient for appro	cholders. The number of vote val.	es cast for the amendment(s)
			reholders through voting gro p entitled to vote separately t	ups. The following statement on the amendment(s):
٤	The number of votes	cast for the amendmen	t(s) was/were sufficient for a	pproval
1	y			
		(voting group)		
actio	n was not required.		d of directors without shareho	
		a director, president o	r other officer – if directors of or – if in the hands of a received	
		ointed fiduciary by tha		ver, it usines, or other court
			ERIC PUSATERI	
		(Typed o	r printed name of person sign	ning)
			PRESIDENT	
		(Title of pers	on signing)	

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