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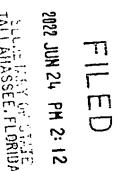
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COVER LETTER

NAME OF CORPORATION: SUNWEST ALL SERVICE, INC. DOCUMENT NUMBER: P15000081500 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Paul Blais Name of Contact Person Sunwest All Service, INC Firm/ Company 3945 Tollhouse Drive, STE 901 Address Naples, FL 34114 City/ State and Zip Code sunwestallservice@swflplumbingrepairs.com & Paulsunwest@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 253-0375

Area Code & Daytime Telephone Number Paul Blais Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ☐\$52.50 Filing Fee

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enclosed)

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TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327

Certificate of Status

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee

Certificate of Status

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(Additional Copy is enclosed)

Articles of Amendment to Articles of Incorporation of

SUNWEST ALL SERVICE, INC.		
(Name of Corporation as curren	ntly filed with the Florida Dept. of	State)
P15000081500		
(Document Number	r of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, th its Articles of Incorporation:	uis Florida Profit Corporation adopts	s the following amendment(s)
A. If amending name, enter the new name of the corporation:		
N/A		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co" or the designation "Corp." "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name	ne abbreviation "Corp.," must contain the word
R. Enter new principal office address if annihilation	N/A -	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
,		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
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		SS 2
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	Ho 🗷 M
<u></u>		7: 2: D
		D. ~ ~
D. If amending the registered agent and/or registered office ad	Adams to Plantin and an about	C . 1
new registered agent and/or the new registered office addre		<u>i tne</u>
Name of New Registered Agent N/A		
Name of New Registered Agent		· · ·
		
(Plorida :	street address)	
New Registered Office Address:		rida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agei	nt:	
I hereby accept the appointment as registered agent. I am familia		he position.
Signature of Nove	Registered Agent, if changing	
•	подыетса пуст, у спануту	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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	PT John	ı Doe		
X Remove	<u>V</u> <u>Mik</u>	e Jones		
X Add	<u>SV</u> <u>Sall</u>	y Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	MGR	Jon Sklarczyk	13280 Corbel Cir	
XAdd			Apt 1936	•
Remove			Fort Myers Florida 33907	•
2) Change	PCEO	Paul Blais	1410 27th St. SW	
$\frac{X}{Add}$			Naples. FL 34117	•
Remove 3 1 Change				
Add			2022 J	·
Remove			AHA:	
4) Change			SEE SEE	
Add				
Remove				
5) Change			<i></i>	
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)		
7/A			
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If an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,		
(if not applicable, indicate N/A)	dment if not contained in the amendment itself:		
<u> </u>			
-			
		-	
		<u> </u>	
		.	

	06/20/2022	
The date of each amendment(s) as date this document was signed.	loption:	_, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s)	202
must be separately provided for e	roved by the shareholders through voting groups. The following statements each voting group entitled to vote separately on the amendment(s):	F1LE
by		P D
	(voting group)	ED PH 2:12
06/20/2022 Dated	Total	
(By a dir selected	ector, president of other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diductory by that fiductory)	-
!	Paul Blais	
-	(Typed or printed name of person signing)	
1	President/ CEO/ Owner	
-	(Title of person signing)	 -