## P 500087 153

(Requestor's Name)
(Address)
(Address)
( was easy)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<del>_</del>
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: A1 RESOLVE	, CORP.					
DOCUMENT NUMBER: P15000087153						
The enclosed Articles of Amendment and fee ar	e submitted for filing.					
Please return all correspondence concerning this	Please return all correspondence concerning this matter to the following:					
	LUIS A. D'AGOSTINO					
	Name of Contact Person					
	A1 RESOLVE, CORP.					
	Firm/ Company					
	17555 COLLINS AVENUE #308					
	Address					
	SUNNY ISLES BEACH, FL 33160					
	City/ State and Zip Code					
	CEO@A1RESOLVE.COM					
E-mail address: (to b	be used for future annual report notification)					
For further information concerning this matter, p	olease call:at (					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount ma						
■ \$35 Filing Fee  S43.75 Filing Fee  Certificate of Statu						
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					

## Articles of Amendment Articles of Incorporation of

A1 RESOLVE, CORP.

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

	P150	00087153		
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, thi	s Florida Profit Corporation adopts the fo	ollowing ar	nendmen
A. If amending name, enter the new name of	f the corporation:			
L. D. J. L.				e new
name must be distinguishable and contain to "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or	"Co". A professional corporation name		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		17555 COLLINS AVENUE #308		
		SUNNY ISLES BEACH, FL 33160		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		17555 COLLINS AVENUE #308		<del>-</del>
		SUNNY ISLES BEACH, FL 33160		55
		•		တ
D. If amending the registered agent and/or remains registered agent and/or the new registered agent				골 3: 1:9
Name of New Registered Agent LUIS A. D'A		AGOSTINO		င
	17555 COLLINS AVENUE #308			
	(Florida street address)			
New Registered Office Address:	SUNNY ISLES BEACH , Florida 3:		160	
	(City)		(Zip Code	•)
New Registered Agent's Signature, if changing	ng Registered Agen	ıt:		
I hereby accept the appointment as registered a			ition.	
	-	$\supset$		
	A	Sos		
	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: X Change	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	P,D,S	LUIS A. D'AGOSTINO	17555 COLLINS AVENUE
Add			#308
Remove			SUNNY ISLES BEACH, FL 3316
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
1 TA BE	
f an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	, it other man the
APRIL 1, 2018	
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 we document's effective date on the Department of State's records.	ill not be listed as the
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)	
(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.	
MARCH 22, 2018 Dated	
Signature	
(By a director, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
LUIS A. D'AGOSTINO	
(Typed or printed name of person signing)	
DIRECTOR	
(Title of person signing)	