PIUCCOOOISS

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(Address)			
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(Cit	ty/State/Zip/Phone	e #)	
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Amend

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AGS STUCCO INC	C		
DOCUMENT NUMB	ER: P16000007183			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this mat	tter to the following:		
	HELEN RODRIGUEZ			
	<u></u>	Name of Contact Person	n	
	TAXSMART ACCOUNTING SERVICES LLC			
		Firm/ Company		
	6653 POWERS AVE STE 136			
	Address			
	JACKSONVILLE, FL 32217			
		City/ State and Zip Cod	e	
TAXS	MARTCORP@GMAIL.CO	М		
-	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
HELEN RODRIGUEZ		at (<u>904</u>	733-0027	
Name of Contact Person		Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r 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)	
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 to Articles of Incorporation of

AGS	STI	JCCO	INC
,,,,,,		,	

(Name of Corporation as c	urrently filed with the Florida Dept. of State)
P16000007183	
(Document Nu	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	ion:
	The new
name must be distinguishable and contain the word "corp.," "Inc.," or Co.," or the designation "Corp," "Incword "chartered," "professional association," or the abbrev	poration," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "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)	333 LAURINA STREET STE 422
	JACKSONVILLE, FL 32216 プラーコー
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office:	
Name of New Registered Agent	
(FI	orida street address)
·	Florida
New Registered Office Address:	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing Registered	l Agent
I hereby accept the appointment as registered agent. I am fa	
Signature o	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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	VP	IVAN. N. ORTEGA	27 WHIRLAWAY DR
Add			PLAM COAST, FL 32164
Remove			
2) Change	P	ANGEL G. SANCHEZ NAJERA	333 LAURINA STREET STE 422
X Add			JACKSONVILLE, FL 32216
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	 		
Add			
Remove			

f an amendment provides for an exchange, reclassificat provisions for implementing the amendment if not cont (if not applicable, indicate N/A)	
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provisions for implementing the amendment if not cont	
provisions for implementing the amendment if not cont	
(if not applicable, indicate N/A)	on, or cancellation of issued shares,
	amed to the algebraich reserv
<u> </u>	

The date of each amendment(s), adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	is block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendate sufficient for approval.	nent(s)
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following stafor each voting group entitled to vote separately on the amendment(s)	atement :
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sharehold	er
04/04/2 Dated Signature	Quillions Sancher	
sele	a director, president or other officer if directors or officers have not extend by an incorporator – if in the hands of a receiver, trustee, or other pointed fiduciary by that fiduciary)	
	ANGEL G. SANCHEZ NAJERA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	