6/14/2021

Florida Department of State
Division of Corporations

Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : TAP SOLUTIONS INC

Account Number : I20210000103 Phone : (786)615-3057

Phone : (786)615-3057 Fax Number : (786)615-3058

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

Email Address: 9060 tapsolution net

COR AMND/RESTATE/CORRECT OR O/D RESIGN PADRON REMODELING SERVICES CORP

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S. PRATHEF

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Articles of	Amendmei	 pt				
Articles of I	to ncorporation) on				
	ot	ĺ				
PADRON REMODELING SERVICES CORP						
(Name of Corporation as curren	tly filed wi	th the Florid	a Dept. of State)		···	_
P16000043127						
(Document Number	of Corpora	ion (if know	1)			_
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	 s <i>Florida P</i> 	 rofit Corpora 	 <i>tion</i> adopts the followin	ng amendm	cnt(s) t	0
A. If amending name, enter the new name of the corporation:						
PADRON CONSTRUCTION GROUP CORP						
	["		(1)	_The nev	y 	
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 professi	or incorpora	fated" of the abbrevialli tion name must contai	on "Corp" in the word	 d	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		<u> </u>	<u> </u>			
			<u> </u>			
				至.	2021	
C. Enter new mailing address, if applicable:				3-1		
(Mailing address MAY BE A POST OFFICE BOX)				- -	11 HIN	177
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•		<u>!</u> 	<u> </u>			
		<u> </u>		71:0	ì	٠
D. If amending the registered agent and/or registered office ad-	 dress in Flo	rida, enter ti	e name of the	<u> 2</u>	5 5	
new registered agent and/or the new registered office address	<u>s:</u>		The state of the	₹3 757 [67	9	
Name of New Registered Agent						
				•		
(Florida s	reet address)		1	•		
	,					
New Registered Office Address:	(City)	<u></u>	Florida ///.ip C	'ode)		
	(,		(2.4)	·Cury		
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>					
I hereby accept the appointment as registered agent. I am familiar	with and ac	cept the oblig	ations of the position.			
Signature of New F	egistered A	gens, if chang	ing			
Check if applicable			•			
☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	(c), F.S.					
J ,						
,						

(Attach additional sheets Please note the officer/d P - President; V= Vice Executive Officer; CFO President, Treasurer, Di Changes should be noted	s, if neces, irector title President Chief Firector wo the form the form the contract the contr	sary) le by the first letter of the f; T= Treasurer; S- Secr lnancial Officer. If an offi uld be PTD. llowing manner. Current orporation, Sally Smith is	office title: etary: D= Director cur/director holds:	r; TR= Truste more than one	etoribeing removed and title, name, and w: C = Chairman or Clerk: CEO = Chief title, list the first letter of each office held. and Mike Jones is listed as the V. There is ld be noted as John Doe, PT as a Change,
X Change	PI	John Doe			
X Remove	Ā	Mike Jones			
_X ∧dd	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	Title	<u>Name</u>		A.	iddress
1) Change		<u> </u>			•
Add					
Remove					
2) Change					
Add					
Remove 3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
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5) Change					
Add					
Remove					
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