# P17000039333

(Red	questor's Name)	
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#### **COVER LETTER**

Division of Corporations				
NAME OF CORPORATION: 2  DOCUMENT NUMBER: 1	Asy Con	nection	Services In	٠.
DOCUMENT NUMBER: 1	1000029	322		
The enclosed Articles of Amendment an	d fee are submitted for fi	iling.		
Please return all correspondence concern	ing this matter to the fol	lowing:		
S	Shrike O	impellan		
,	Name of (	Contact Person		
	Pi-man	Company .		
12795	· King sie	ray Ul		
	A	ddress		
welling	ton FL	430	114	
`	City/ State	e and Zip Code		
CASA CO	City/ State  maction 04 6  ss: (to be used for future	9. Gmail	. Who	
E-Mail addre	ss: (to be used for future	annual report notif	ication)	
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For further information concerning this r	natter, please call:			
Sobeile Capelle Name of Contact Person	ها aı	ı <u>( <b>%61</b> )</u>	260-1774	
Name of Contact Person		Area Code &	Daytime Telephone Number	
Enclosed is a check for the following am	ount made payable to the	e Florida Departme	nt of State:	
\$35 Filing Fee \$43.75 Filing Certificate	of Status Certified	l Copy nal copy is ()	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section		Street Adda Amendment	<del> </del>	
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**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

SECRETARY OF STATE
ONLY OF CORPORATION
OF CORPORATI

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

### Articles of Incorporation

EASY Connection Ser	رآدحه	he.			
(Name of Corporation as currently	filed with the	Florida Dept.	of State)	_	-
(Document Number of C	Corporation (if	ſknown)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this F its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:	lorida Profit C	Corporation ado	pts the followin	g amendme	ent(s) to
				_The new	
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "C word "chartered." "professional association," or the abbreviation "P	o . A profess				
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		•		<del></del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				17	SEC.
D. If amending the registered agent and/or registered office addressinew registered agent and/or the new registered office address:  Name of New Registered Agent	ss in Florida, Tibur		of the	JUN 22 F	M DE COR
12795 Kin	ngs wary	Ril		) H I2: 0	F STAT
New Registered Office Address: Welling tow	City)	, I	Florida 33	3414 Code)	SHOW
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar win	<u> </u>		of the position.		

## 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	<u>Doc</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	PT	Sobeido expelland	12795 Kingswag Kol. Wellington Je 33414
Add Remove			wellington to 33414
	10		1> /- `
2) Change	PT	Modello Murcio	12795 Kingsway Re Wellington FL 33414
Remove			
3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add Remove			· · · · · · · · · · · · · · · · · · ·
5) Change		<del></del>	
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6) Change			· · · · · · · · · · · · · · · · · · ·
Add			<del></del>
Remove			

Attach additional sheets	if necessary). (Be spe	er change(s) here: ecific)			
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• If an amendment provi provisions for implem (if not applicable, i	enting the amendment	eclassification, or of if not contained in	cancellation of issi 1 the amendment i	ued shares, tself:	
	<u> </u>	<u> </u>			
	12,				
				<del></del>	
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The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	
(no more than 20 days after amenament file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	l 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 east for the amendment(s) was/were sufficient for approval	
by"	
by"  (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.	
Dated Color Copollon	
Signatura Sabeida Capallon	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
Gobeido Capellan	
(Typed or printed name of person signing)	
(Title of person signing)	
(Title of person signing)	

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