P1700039102

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



700299971307

06/15/17--01005--023 ++48.78

JUN 1 9 2017 S. YOUNG

COVER LETTER

Division of Corporations
NAME OF CORPORATION: APEX CONGLOMERATED, INC., DOCUMENT NUMBER: PITOOOO39102
The enclosed Articles of Amendment and fee are submitted for filling.
Please return all correspondence concerning this matter to the following.
ADRIAN DOCKERAY Name of Contact Person
Firm/ Company
188 NW WILLOW GROVE HUE, Address
188 NW WILLOW GROVE AVE, Address FORT ST. LUCIE FL 34986 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State.
S35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

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

Articles of Amendment

to articles of Incorporation

Articles	s of Incorporation of	
Low Condone		
(Naime of Corporation as cu	urrently filed with the Florida Dept. of State)	
~	00039102	
	mber of Corporation (if known)	
	·	
Pursuant to the provisions of section 607,1006, Fforida 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 corporati	ion:	
	The new	
name must be distinguishable and contain the word "corp." "Torp.," "Inc.," or Co.," or the designation "Corp." "Inc., word "chartered," "professional association," or the abbrevi	poration," "company," or "incorporated" or the abbreviation ," or "Co". A professional corporation name must contain the iation "PA"	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		
erriteput tyjete uuuress <u>siteerrite zi artii ar ziita ziita</u>	, <u> </u>	
		٠.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		. ,
		•
	 မွ	
D. If amending the registered agent and/or registered offic	ce address in Florida, enter the name of the	
new registered agent and/or the new registered office a	address;	
Name of New Registered Agent		
(Flo	orida street address)	
New Registered Office Address:	, Florida	
	(Cuy) (Zip Code)	
N D to I to P. Cinn there if the main Devictored	November	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	Agent: multar with and accept the obligations of the position	
Cianation of	I New Registered Agent, if changing	
Signature of	the with the state of the state	

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:

tAttach 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>	Address
1) Change	5	ADRIAN DOCKERAY	188 NW WILLOW GROVE AVE. PORT ST. LUCIE, FL 34986
Add Remove			PORT ST. LUCIE, FL 34986
2) Change Add	5		188 NW WILLOW GROVE AVE. PORT ST. LUCIE, FL 34981
Remove 3) Change			
Add Remove			
4) Change			
Add Remove			
5) Change			
Add			
Remove			
6) Change Add	-		
Remove			

amending or adding additional Art	(Parametrical)	
ttach additional sheets, if necessary).	(Be specific)	
WILL		
	· · · · · · · · · · · · · · · · · · ·	
f an amendment proyides for an exc	hanny raclassification ar cancal	lation of issued charas
provisions for implementing the am	andment if not contained in the a	mandmant itealf
(if not applicable, indicate N/A)	nament in not contained in the a	inchantelle lesett.
(1) min applicative, manetic sort)		

	f other than the
late this document was signed.	
Effective date <u>if applicable:</u> too more than 90 days after amendment file dater	
(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 will not locument's effective date on the Department of State's records.	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.	
Dated	
Signature	
(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)	
(Typed or printed name of person signing)	
PRESIDENT (Title of person signing)	
(the or beison signing)	