PM000039458

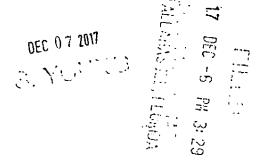
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300306238103

12/06/17--01005--026 **52.50



COVER LETTER

Division of Corporations NAME OF CORPORATION: Adequate Caurage Doir Services Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Cause DON Services Inc. address; no be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

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

is enclosed)

Articles of Amendment

to

Articles of Incorporation

•	of			
Adequate Coarage	Door Seru	ices In	<u>C</u> .	
(Name of Corporatio	n as currently filed w	th the Florida De	pt. of State)	· ·
P1700003	39458			
(Docume	ent Number of Corpora	tion (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida F	Profit Corporation	adopts the followi	ng amendment(s) t
A. If amending name, enter the new name of the con	rporation:			
NIA				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the c	" "Inc," or "Co". A			
B. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADD</u>		NIH		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX			2.	1.7
	<u> </u>	NA		DEC + 6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
				
			27	က
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		orida, enter the na	ame of the	C
Name of New Registered Agent	4/4		·	_
	(Florida street addres	5.)		_
New Registered Office Address:	Ala		Florida	<u></u>
	(City)		(Zip	Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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)

Remove

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 AddSV Sally Smith Type of Action <u>Title</u> Address <u>Name</u> (Check One) Leanubel Torres 6083 Apollos Corner Way 1) Change _ Remove 2) ____ Change Add ____ Remove 3) Change ___ Add ___ Remove 4) ____ Change Add Remove 5) ____ Change Add

tach additional sheets, if necessary).	ticles, enter change(s) here: . (Be specific)
3 l h	
N/H	
•	
	<u> </u>
	
<u>-</u>	
n amandment provides for an ava	hange, reclassification, or cancellation of issued shares.
rovisions for implementing the am	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment it not committee in the amendment resen-
118	

.

The date of each amendment(s) adoption:	'TI./\IT'	if other than the
date this document was signed.	1 1	
Effective date if applicable:	(no more than 90 days after a	mendment file date)
	(iii) more man yo dayo tyrer a	
Note: If the date inserted in this block does document's effective date on the Department o		y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)	
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting		
"The number of votes cast for the ame	endment(s) was/were sufficient for	or approval
by	oting group)	
(vo	oting group)	
The amendment(s) was/were adopted by the action was not required.	e board of directors without share	cholder action and shareholder
☐ The amendment(s) was/were adopted by the action was not required.	e incorporators without sharehold	der action and shareholder
Dated	^	
Signature	D	
	sident or other officer – if directe	
	corporator – if in the hands of a n ry by that fiduciary)	eceiver, trustee, or other court
	Λ · Ο Ι	
/	Meulin Yadrar	<u></u>
	(Typed or printed name of person	on signing)
	VP	
	(Title of person sign	ning)