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T. LEBANGUX

COVER LETTER

TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: One Install Incorporated DOCUMENT NUMBER: P17000047246						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Denni Gr Espelacio Name of Contact Person One Tristall Tricrovica tech Firm/ Company 12850 W State Rd Sy # 7-24 Address Davie FL 3537 S City/ State and Zip Code Line in Stall in C (a Gmail Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Contact Person at (786) 402 - 735 C Area Code & Daytime Telephone Number						
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Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building						

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassec, FL 32314

Articles of Amendment to Articles of Incorporation of

	on as currently filed with the Florida De		
One Install Inci	racya travalent (if known)		
(Docum	ment Number of Corporation (if known)		
ursuant to the provisions of section 607,1006, Florida s Articles of Incorporation:	a Statutes, this Florida Profit Corporation :	adopts the fo	ollowing amendment(s)
. If amending name, enter the new name of the co	orporation:		
			The new
ame must be distinguishable and contain the wor Corp.," "Inc.," or Co.," or the designation "Corp, ord "chartered," "professional association," or the	," "Inc," or "Co". A professional corpo		
Enter new principal office address, if applicable	:		
Principal office address <u>MUST BE A STREET ADL</u>			
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
· -			
			
. If amending the registered agent and/or register	red office address in Florida, enter the na	me of the	
new registered agent and/or the new registered			
Name of New Registered Agent			
Hame of their Registred Agent		· <u>-</u>	
	(Florida street address)		
New Registered Office Address:		_, Florida_	
	(City)		(Zip Code)
ew Registered Agent's Signature, if changing Reg hereby accept the appointment as registered agent.	ristered Agent:	no of its no	nitio u
истебу истери те арронитет аз гезиметса аденс.	1 an jamatar with and accept the obligatio	ns oj ine po. E	<u>6</u>
		<u>.</u> > .	~- :
Signo	nature of New Registered Agent, if changing		
Sign	nature of New Registered Agent, if changing	(-	
Sign	ature of New Registered Agent, if changing	: : : :	U 11

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: XChange	PT	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	P	Samantha Espelucin	12850 N State Rd St
\times Add			#7-26
Remove			Dowe, FL 33325
2)Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			774.2
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	· · · · · · · · · · · · · · · · · · ·
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, indiment if not contained in the amendment itself:

The date of each amendment(s) adoption date this document was signed.	tion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this date tment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adopte by the shareholders was/were suffice	d by the shareholders. The number of votes cast for the amendment(s) tient for approval.	
	yed by the shareholders through voting groups. The following statement wh 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 adopte action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder	
Dated (, 5 = ±2	3-17	
selected, b	etor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
_	Samartha Espelaian (Typed or printed name of person signing)	
_	Incorporator Basident Coner (Title of person signing)	