

P170000047246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

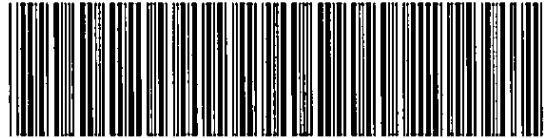
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/05/18--01023--009 **35.00

FILED
2018 OCT 22 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

OCT 23 2018

I ALBRITTON

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:

Jennifer Espelucin
Name of Contact Person
One Install Incorporated
Firm/ Company
12850 W. State Rd 84 # 7-26
Address
Davie, FL 33325
City/ State and Zip Code
espelucinj@gmail.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Espelucin at (786) 402-7350
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee
☐ \$43.75 Filing Fee & Certificate of Status
☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

RECEIVED
2010 OCT 22 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FL
Filing Address
Amendment Section
Division of Corporations
Box 6327
Tallahassee, FL 32314

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

* Check was sent with previous application *



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2018

JENNIFER ESPELUCIN
ONE INSTALL INCORPORATED
12850 W STATE RD 84 - UNIT 7-26
DAVIE, FL 33325

SUBJECT: ONE INSTALL INCORPORATED
Ref. Number: P17000047246

We have received your document for ONE INSTALL INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 018A00020908

One Install Incorporated
(Name of Corporation as currently filed with the Florida Dept. of State)

Document Number of Corporation (if known)

A. If amending name, enter the new name of the corporation:

13. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(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.

Signature of New Registered Agent, if changing

Page 2 of 4

F. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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 be listed as the document's effective date on the Department of State's records.

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)

- ☐ 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 10-17-18

Signature

Jennifer Espelucin
(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)

Jennifer Espelucin

(Typed or printed name of person signing)

Vice - President

(Title of person signing)