P)7000047246

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | <u></u> |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | <u> </u> |
| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



500319186055

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

2018 OCT 22 PH 2: 18

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: |
| Jenni Ger Espelycion Name of Contact Person One deschall described |
| One Install Incorporated |
| 12850 W. State Rd 84 # 7-26 |
| Davie, FL 33325 City/ State and Zip Code |
| Espeluania annual com Espeluania annual report notification) |
| For further information concerning this matter, please call: |
| Jenni Ger Espelucin at (7816) 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 Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed) |
| is enclosed) Milling Address Mincindment Section Division of Corporations Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

* Check was sent with previous application *.



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

Articles of Amendment

to

| | Articles of Incorporation of |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| One Ins | stall Incorporated |
| (Name of Corporat | ion as currently filed with the Florida Dept. of State) |
| ρ_1 | 7000047246 |
| (Docum | ment Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation: | la Statutes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the co | |
| | The new |
| | rd "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the abbreviation "PA." |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD) | |
| (Principal office address MUST BE A STREET AIN | ORESS) |
| | F 9 9 |
| | |
| C. Enter new mailing address, if applicable: | が M |
| (Mailing address MAY BE A POST OFFICE BO | $\frac{\partial X}{\partial x}$ |
| | 72 |
| | |
| | |
| D. If amending the registered agent and/or registered new registered agent and/or the new registered | red office address in Florida, enter the name of the loffice address: |
| | |
| Name of New Registered Agent | |
| <u> </u> | |
| | (Florida street address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| | |
| | |
| New Registered Agent's Signature, if changing Re | |
| i nereby accept the appointment as registered agent. | I am familiar with and accept the obligations of the position. |
| | |
| | |
| Sigi | nature of New Registered Agent, if changing |

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 D | <u>0e</u> | |
|-------------------------------|--------------|-------------|--------------------|-------------------------------|
| X Remove | <u>v</u> | Mike J | <u>ones</u> | |
| _X Add | <u>sv</u> | Sally S | <u>mith</u> | |
| Type of Action (Check One) | <u>Title</u> | | Name | Address |
| 1) Change | P | | Samontha Espelvii | n 12850 W. Staked 8 |
| Add Remove | | | | #7-26 Davie, FL 33325 |
| 2) Change Add | P | _ | Mario L. Espelucin | 12850 W. State Rd 84 #7-26 |
| Remove | | | | Davie, FL 33325 |
| 3) Change Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| 5)Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change Add | | _ | | |
| Remove | | | | |

| | (Be specific) |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| · · · · · · · · · · · · · · · · · · · | |
| · · · | |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| | |
| f an amendment provides for an exch | hange, reclassification, or cancellation of issued shares, |
| f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A) | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| provisions for implementing the ame | nange, reclassification, or cancellation of issued shares, and and in the amendment itself: |
| provisions for implementing the ame | hange, reclassification, or cancellation of issued shares, and and an analysis |
| provisions for implementing the ame | hange, reclassification, or cancellation of issued shares, and and an analysis |
| provisions for implementing the ame | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| provisions for implementing the ame | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| provisions for implementing the ame | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |

| The date of each amendment(s) adoption: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| |
| 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 east 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 10 - 17 - 18 |
| Signature Och Ei |
| (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) |