P17000053464

(Re	questor's Name)		-
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AUG 2.4 2017

COVER LETTER

TO: Amendment Section Division of Corporations

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NAME OF CORPORATION: ALL FLAT CONCRETE SOLUTIONS INC DOCUMENT NUMBER: P17000053464

The enclosed Articles of Amendment and fee are submitted for tiling.

Please return all correspondence concerning this matter to the following:

ALCIDES MASIS

Name of Contact Person-

ALL FLAT CONCRETE SOLUTIONS INC

Firm/ Company

1010 10TH AVE SUITE 2

Address

LAKE WORTH FL 33460

City/ State and Zip Code

ALEXMASIS06@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALCIDES MASIS

Name of Contact Person

at (<u>561</u>) <u>5725720</u> 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 S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

	Articles of Amendi	nent		The A
	to Articles of Incorpor	ation	The second	
ALL FLAT CONCRETE	of SOLUTIONS INC		E.	17 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -
		Dund uf Studie)	*	
P17000053464	<u>currently filed with the Florida</u>	Dept. of State)		10
	n Number of Corporation (if know			6 6
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Florid</i>	a Profit Corporation a	dopts the followi	g amendment(s) to
A. If amending name, enter the new na	une of the corporation:			
name must be distinguishable and con				_The_new
 "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa <u>Enter new principal office address</u>, (Principal office address <u>MUST BE A S</u> <u>Enter new mailing address, if applia</u> (Mailing address <u>MAY BE A POST</u>) 	tion, " or the abbreviation "P.A." <u>if applicable:</u>	A professional corpor	ation name must	contain the ~ ~ -
D. <u>If amending the registered agent an</u> <u>new registered agent and/or the new</u> <u>Name of New Registered Agent</u>		Florida, enter the nat	me of the	-
	1010 10TH AVE SL	 ЛТЕ 2	-	
	(Florida street ada	·····	-	
New Registered Office Address:	LAKE WORTH	. Florida	33460	
	(City)		(Zip Coder	-

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New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position. Signature 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)

Example:

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.

X Change \mathbf{PT} John Doe V X Remove Mike Jones <u> X</u> Add <u>SV</u> Sally Smith Type of Action Title Name Address (Check One) Ρ JESSICA MASIS 1010 10TH AVE 11 Change SUITE 2 Add LAKE WORTH FL 33460 Remove Ρ ALCIDES MASIS 1010 10TH AVE 21 Change SUITE 2 Add LAKE WORTH FL 33460 Remove 3) Change Add Remove 4) Change Add Remove 51 Change Add Remove Change 6) Add Remove

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

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

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 NA)

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f other than the

selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JESSICA MASIS

(Typed or printed name of person signing)

PRESIDENT

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(Title of person signing)

if other than the