Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ALPHA BUSINESS CONSULTING, LLC

Account Number : 120080000061

Phone : (407)582-9830 Fax Number

: (407)294-7677

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN **WOOD STONE DESIGN, INC**

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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: WOOD STON	NE DESIGN, INC	·
DOCUMENT NUMBER: P17000074079		· ·
The enclosed Articles of Amendment and fee a	are submitted for filing.	-
	is matter to the following:	· ·
MARIA PINHEIRO		
ALPHA BUSINESS CO	Name of Contact Person NSULTING, LLC	75 75
	Firm/ Company	<u> </u>
70202 CARLENE DR		·z
ORLANDO, FL 32835	Address	## \$\frac{1}{2} \tag{2}
	City/ State and Zip Code	
pinheiromaria@att.net		
E-mail address: (to	be used for future annual report notification)	
For further information concerning this matter,	please call:	
MARIA PINHEIRO	at (407 582-9830	
Name of Contact Person	Area Code & Daytime Telephor	ne Number
Enclosed is a check for the following amount m	 adde payable to the Florida Department of State: i	
\$35 Filing Fee S43.75 Filing Fee Certificate of State		s ·
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, PL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

2011 SEP - 7 PM H: 29

Articles of Amendment to Articles of Incorporation of

THE SER TON W. 2'S

WOOD STONE DESIGN, INC (Name of Corporation as currently filed with the Florida Dept. of State) P17000074079 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. 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) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address; Name of New Registered Agent (Florida street address) , Florida, New Registered Office Address: (Zip Code) (City) 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

address of each Officer (Attach additional sheets Please note the officer/di P = President; V= Vice Executive Officer; CFO held. President, Treasun Changes should be noted	and/or D i, if necess, irector title Presiden = Chief if er, Directed in the formures aves the contents.	Director beisary) le by the fir t; T= Treas Financial Cor would be clowing materials.	ng added: st letter of the office title: urer; S= Secretary; D= Director; TR= officer. If an officer/director holds mon PTD. nner. Currently John Doe is listed as to Sally Smith is named the V and S. The vas an Add.	eer/director being removed and title, name, and a Trustee; $C = Chairman \text{ or } Clerk$; $CEO = Chief$ re than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is use should be noted as John Doe, PT as a Change,
X Add	<u>sv</u>	Sally Smi	 <u> </u>	
Type of Action (Check One)	<u>Title</u>]	 <u>Name</u> 	<u>Address</u>
(Check One) 1) Change	VP		 FABIO CANEZIN NOVAES	4806 BRIGHTON TERRACE
X Add				# 06
Remove				ORLANDO, FL 32811
2) Change				
Add				
Remove				
3) Change			. .	
Add				
Remove				
4) Change			 	<u> </u>
Add				
Remove				`
5) Change		_ _ .		
Add				
Remove				
6) Change			1	
- L. A.			II.	

____ Remove

· ·	(Be specific)
PLEASE! COUL YOU ADD EIN NUMBER	82-2666375.
	· .
	"
7. If an amendment provides for an exchan	nge, reclassification, or cancellation of issued shares, imper if not contained in the amendment itself:
(if not applicable, indicate N/A)	Iment It not contained in the amendment fizeri:
NONE	

09/07/2 017	
The date of each amendment(s) adoption:	, if other than th
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 statutor	ry filing requirements, this date will not be listed as th
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 v	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 a	
must be separately provided for each voting group entitled to vote separat	ely on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient	for approval
by	<u>.</u>
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shart action was not required.	reholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehol action was not required.	der action and shareholder
Dated SEPTEMBER 07, 2017	
The D	
Signature Mal Collins	
/ (By a cinector, president or other officer – if three	
selected, by an incorporator - if in the hands of a	receiver, trustee, or other court
appointed fiduciary by that fiduciary)	
(Typed or printed name of pers	on signing)
EDI CARLOS COLUCCI	
(Title of person sig	mino)