P180000 57505

(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corpora	
NAME OF CORPORA	TION: Michael Gaurnier, ACI Inc. R: P18000057505
DOCUMENT NUMBE	R: P1800057505
The enclosed Articles of	Amendment and fee are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Malachi Gaurnier
	Name of Contact Person
	ACI Inspections
	Firm/ Company
	1520 NW 3rd Avenue
	Address
	Fort Lauderdale FL 33311 City/ State and Zip Code
_	City/ State and Zip Code
	aci, inspector@gmail.com
	E-mail address: (to be used for future annual report notification)
	concerning this matter, please call:
Malachi	Contact Person at (954) 290-7198 Area Code & Daytime Telephone Number
Name of	Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the	he following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □\$4	Certificate of Status Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

Division of Corporations P.O. Box 6327 FL 32314

Mailing Address

Amendment Section

Street Address
Amendment Section

Division of Corporations

The Centre of Tallahassee Tallahassee,

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Michael Gaurnier	ACT, INC.		
(Name of Corpora	ation as currently fi	led with the Florida Dept. of State)	
P19000057505			
(Doc	ument Number of Co	orporation (if known)	
fursuant to the provisions of section 607.1006, Flor is Articles of Incorporation:	ida Statutes, this <i>Flo</i>	orida Profit Corporation adopts the following amendmen	ıt(s) to
A. If amending name, enter the new name of th	e corporation:		
ACI Inspection	Inc.	The new no	ıme
nust be distinguishable and contain the word "corpore Co.," or the designation "Corp.," "Inc." or "Co professional association," or the abbreviation "P	. A projessional co	The new now," or "incorporated" or the abbreviation "Corp.," "Incorporation name must contain the word "chartered,"	`
3. Enter new principal office address, if applic		6590 Picante Circle	
Principal office address MUST BE A STREET A	(DDRESS)	Fort Pierce, FL 34951	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	6590 Picante Circle Fort Pierce ; FL 34951	
D. If amending the registered agent and/or registered agent and/or the new register	red office address:	ess in Florida, enter the name of the Phaneil F	
Name of New Registered Agent			
	(Florida stree	ante Circle	
New Registered Office Address:	Fort Pier	Ce Florida 34951 City) (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	mi. Tam jamular wi	11/23/2022	
	Signature of New Re	gistered Agent, if changing	

Check if applicable

☐ The amendment(s)	is/are being	filed pursuant to s. 607,0120 (11) (e), F.S.	
of each Officer and/o (Attach additional she Please note the officer P = President; V = Vi Executive Officer; CF President, Treasurer, Changes should be no change, Mike Jones la	or Director vets, if necess r/director tith ice Presiden TO = Chief F Director wo nted in the fol eaves the co	being added: sary) le by the first letter of the office title; t; T= Treasurer; S= Secretary; D= Direct inancial Officer. If an officer/director hold buld be PTD. llowing manner. Currently John Doe is list	ch officer/director being removed and title, name, and tor; TR= Trustee; C = Chairman or Clerk; CEO = Chi ls more than one title, list the first letter of each office held ted as the PST and Mike Jones is listed as the V. There is I.S. These should be noted as John Doe, PT as a Chang
X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) × Change P	TD	Malachi Gaurnier	1520 NW 3rd Ave Fort Lauderdaie FL 33311
Add			Fort Lauderdaie FL 33311
Remove 2) Change S Add	D	Misty Gaurnier	1520 NW 3rd Ave Fort Landerdale FL 33:
Remove 3) Remove Add	<u>v</u> D	Maurice Phane	
Remove 4) Change Add			
Remove 5) Change Add			
Remove Change			

.

Add	
Remove	
E. If amending or adding additional Articles, enter change(s) here:	
(Attach additional sheets, if necessary). (Be specific)	
	- · · · · ·
	
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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)	

10-0-1	
he date of each amendment(17-23-22 s) adoption:, if other than the date this document was signed.
	January 1 2023 (no more than 90 days after amendment file date)
rective date it applicable.	(no more than 90 days after amendment file date)
nte: If the date inserted in thi ocument's effective date on th	s block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
loption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were tion was not required.	e adopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were set the shareholders was/were s	e adopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
The amendment(s) was/we ust be separately provided for	re approved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
03	(voting group)
Dutod	11-23-22
Dated	M. Can Mi
Signature	
(By selected, by a	y a director, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court hiciary by that fiduciary)
	Malauni Eaurnier
	(Typed or printed name of person signing)
	President

(Title of person signing)