

P22000038116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

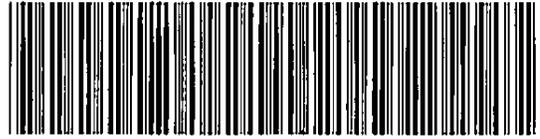
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

1010121

Office Use Only



000432065720

06/28/24--01013--020 **35.00

FILED
2024 OCT -1 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FL

10-1-24

Summer



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2024

VICKI MIDDLEKAUFF
155 KINGSLEY AVE, STE 305
ORANGE PARK, FL 32073 US

SUBJECT: ALL FLOW SERVICES INC
Ref. Number: P22000038116

We have received your document for 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 registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham
Supervisor
New Filings Section

Letter Number: 924A00016211

Articles of Amendment
to
Articles of Incorporation
of

All Flow Services Inc.

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

P22000038116

(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)

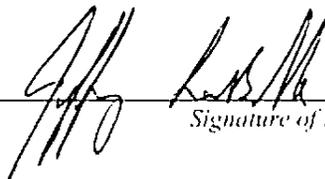
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent Jeffery Labelle (change spelling of name to Jeffery)
2934 Russell Oaks Dr.
(Florida street address)

New Registered Office Address: Green Cove Springs, Florida 32043
(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.

 9-5-24
Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

FILED
2024 OCT -1 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FL

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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>T</u>	<u>Jeffrey Labelle</u>	<u>2934 Russell Oaks Dr.</u> <u>Green Cove Springs, FL</u> <u>32043</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Karen Labelle</u>	<u>2934 Russell Oaks Dr.</u> <u>Green Cove Springs, FL</u> <u>32043</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Jeffery Labelle</u> (Spelling of first name should be Jeffery)	<u>2934 Russell Oaks Dr.</u> <u>Green Cove Springs, FL</u> <u>32043</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

FILED
 1 2024 OCT -1 PM 2:23
 SECRETARY OF STATE
 TALLAHASSEE, FL

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 incorporators, or board of directors without shareholder action and shareholder action was not required.

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)

Dated 5-24-24

Signature [Handwritten Signature]
(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)

Jeffery Labelle
(Typed or printed name of person signing)

President
(Title of person signing)

FILED
2024 OCT -1 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FL