

Division of Corporations

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**P22000050890**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H220002352163))



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To:  
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From:  
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Account Number : I20170000034  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Kathleen@paradisentlax.com

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
ALLIED PROPERTY ENTERPRISES INC**

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J. HORNE

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REGISTRATION  
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TALLAHASSEE, FLORIDA

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July 12, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

ALLIED PROPERTY ENTERPRISES INC  
1314 CAPE CORAL PKWY E  
208  
CAPE CORAL, FL 33904

SUBJECT: ALLIED PROPERTY ENTERPRISES INC  
REF: P22000050890

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current document number of the entity is as referenced above. Please correct your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas  
Regulatory Specialist II

FAX Aud. #: H22000235216  
Letter Number: 322A00015539

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ALLIED PROPERTY ENTERPRISES, INC

DOCUMENT NUMBER: ~~P22000050890~~ P22000050890

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATHLEEN FLYNN

Name of Contact Person

Firm/ Company

1314 CAPE CORAL PARKWAY E, STE 208

Address

CAPE CORAL, FL 33904

City/ State and Zip Code

KATHLEEN@PARADISEINTLTAX.COM

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

For further information concerning this matter, please call:

KATHLEEN M. FLYNN

Name of Contact Person

at ( 239 )

984-3404

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

☐ \$43.75 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

Street Address  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

ALLIED PROPERTY ENTERPRISES, INC

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

~~Document No.~~ P22000050890

(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)

New Registered Office Address:

(City)

Florida

(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.

\_\_\_\_\_  
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.

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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	S	KATHLEEN M. FLYNN	1314 CAPE CORAL PARKWAY E
<input type="checkbox"/> Add			STE 208
<input checked="" type="checkbox"/> Remove			CAPE CORAL, FL 33904
2) <input type="checkbox"/> Change	S	KATHLEEN M. FLYNN	1314 CAPE CORAL PARKWAY E
<input checked="" type="checkbox"/> Add			STE 208
<input type="checkbox"/> Remove			CAPE CORAL, FL 33904
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
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			

[illegible]

*[Blank lined paper]*

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 07/11/2022 \_\_\_\_\_

Signature Kathleen M. Flynn  
(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)

KATHLEEN M. FLYNN  
(Typed or printed name of person signing)

Secretary  
(Title of person signing)