## P95000090561

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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	a #0
(Cil	ty/State/Zip/Filone	<del>Σ π)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

	RATION: All America		C		
DOCUMENT NUME	BER: P9500009056	1			
	of Amendment and fee are su				
Please return all corres	spondence concerning this ma	tter to the following:			
	John B. Moss				
		Name of Contact Persor	1		
	Head, Moss & Fu	Iton, P.A.			
		Firm/ Company			
	1530 Business Center Drive, Suite 4				
		Address			
	Fleming Island, F	L. 32003			
		City/ State and Zip Code	8		
- <del></del>	imoss@hea	dmossfulton.cor	n		
<b>.</b>	•	ed for future annual report			
For further information	n concerning this matter, pleas	se call:			
John B. Moss 278-8200					
Name	of Contact Person		de & Daytime Telephone Number		
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment 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		Street Address			
	endment Section	Amendment Section			
	sion of Corporations Box 6327	Division of Corporations			
	ahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
ramanassee, FL 32314		Tallahassee, FL 32301			



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 2, 2012

JOHN B. MOSS 1530 BUSINESS CENTER DR. SUITE 4 FLEMING ISLAND, FL 32003

SUBJECT: ALL AMERICAN PROPERTIES, INC.

Ref. Number: P95000090561

We have received your document for ALL AMERICAN PROPERTIES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2011 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application or a current corporate annual report/uniform business report form and the appropriate fees.

The total amount due to reinstate is \$900.00.

The last page of your document is for a Non Profit Corporation. Please find enclosed a correct signature page for a Profit Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Carol Mustain Regulatory Specialist II

www.sunbiz.org

Letter Number: 912A00013270



July 23, 2012

JOHN B. MOSS 1530 BUSINESS CENTER DR. SUITE 4 FLEMING ISLAND, FL 32003

SUBJECT: ALL AMERICAN PROPERTIES, INC.

Ref. Number: P95000090561

We have received your document for ALL AMERICAN PROPERTIES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The last page of your document is for a Non Profit Corporation. Please find enclosed a correct signature page for a Profit Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Carol Mustain Regulatory Specialist II

Letter Number: 912A00013270

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently	filed with the Florida Dept. of	State)		
P95000090561				
(Document Number	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this <i>Florida Profit C</i>	orporation ado	pts the following ame	ndment(s) to
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the w	J (( ) ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	1	The	
"Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the	rp," "Inc," or "Co". A profess			
D. Enter wave unincinal office address if annii-ak	ala.		In (a)	12
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET ALL)	DDRESS)			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B			SEE FLON	FILED.
			3	
D. If amending the registered agent and/or registered agent and/or the new registered		enter the name	of the	
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:	(0:4)	, Florida	77: 0.11	
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing R	egistered Agent:			

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)

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: 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 Add Remove	VTD	Jackie L. Buchanan	600 N. Magnolia Avenue Green Cove Springs, FL. 32043
2) Change Add Remove	<u>T</u>	John E. Buchanan	600 N. Magnolia Avenue Green Cove Springa, FL. 32043
3 ) Change Add Remove			
4) Change Add Remove	***		
5) Change Add Remove			
6) Change Add Remove			

ttach additi	r adding additional Art nal sheets, if necessary).	(Be specific)			
				<del></del>	
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4.		·			
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an amendn	ent provides for an excl	hange, reclassific	ation, or cancella	tion of issued share	<u>s,</u>
rovisions fo if not at	r implementing the ame plicable, indicate N/A)	endment if not co	ntained in the am	endment itself:	
``					
		<del> </del>			

The date of each amendment(s) adoption: July 11, 2011
Effective date if applicable:
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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 east for the amendment(s) was/were sufficient for approval
by
(valing group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated July 11, 2011
Signature State of the State of
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)
John E. Buchanan
(Typed or printed name of person signing)
Prosident
(Title of person signing)