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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ALL NET PROPE	RTIES, INC.	
DOCUMENT NUMB	ER: P96000025428		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	JERRY MONTS DE OCA		
-		Name of Contact Person	
	ALL NET PROPERTIES IN		
-		Firm/ Company	
	5017 N COOLIDGE AVE		
-	_	Address	
	TAMPA, FL 33614		
-		City/ State and Zip Code	· <u> </u>
	JERRY@WORLDWIDEDO	OR.COM	
-	E-mail address: (to be us	sed for future annual report i	notification)
For further information SHANNON M MAY	concerning this matter, pleas	se call: at (870-0003 EXT 107
Name o	f Contact Person	at (Area Cod	e & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 Articles of Incorporation of

ALL NET PROPERTIES, INC.

(Name of Corporation as curr	ently filed with the Flo	rida Dept. of State)	
P96000025428			
(Document Numb	er of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Florida Statutes, tits Articles of Incorporation:	this <i>Florida Profit Corp</i>	oration adopts the follow	ing amendment(s
A. If amending name, enter the new name of the corporation	<u>ı:</u>		
			The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P	'. A professional corp	rporated" or the abbrevial oration name must conta	tion "Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)			· -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1 (TI TEB
		55 F CORPOR	3 7
D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office add		er the name of the	7: 26
Name of New Registered Agent			_
(Florid	la street address)		_
	,	ni	
New Registered Office Address:	(City)	Florida : Clip	n Code)
New Registered Agent's Signature, if changing Registered Agent	gent:		
I hereby accept the appointment as registered agent. I am famil	liar with and accept the c	obligations of the position	i,
		·	<u> </u>
Signature of Ne	w Registered Agent, if c	hanging	
Signature of Ne	w Registered Agent, if c	hanging	_

Check if applicable

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

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)

Example:

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.

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>Ti</u> tle	Name	Address
1) Change	V	BETH MONTS DE OCA	5017 N COOLIDGE AVE
X Add			TAMPA, FL. 33614
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	<u> </u>			
				
				
				
			 	
		-	<u>-</u>	
				-
			 	
an amendment provides for an exchang	e, reclassification, or o	ancellation of issued	shares.	
rovisions for implementing the amendi	ent if not contained ir	the amendment itse	<u> f:</u>	
(if not applicable, indicate N/A)				
				
				
	_			

	adoption:	, if other than the
date this document was signed.	30/2020	
Effective date if applicable:	30/2020	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action	and shareholder
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statemen or each voting group entitled to vote separately on the amendment(s):	1
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
1/30/202 Dated	0	
Signature		
(By a	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	JERRY MONTS DE OCA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	