

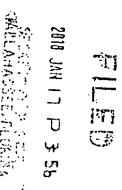
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JAN 19 2018 T. LEONE 1.



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: TELESCO ASSOC	CIATES, INC.	
	R:		
The enclosed Articles of	"Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
Т	HOMAS J. TELESCO JR.		
_		Name of Contact Person	1
_		Firm/ Company	
8	6 NE 109 STREET		
_		Address	
N	MAMI SHORES, FL 33161		
_		City/ State and Zip Code	e
. Tom@	TelescoConstruction.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information of	concerning this matter, pleas	se call:	
THOMAS J TELESCO	JR.	at (216-6161
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for t	he following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	S43.75 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)
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 assee, FL 32314	Amend Divisio Clifton 2661 1	Address Iment Section on of Corporations Building Executive Center Circle Bassee, FL 32301

Articles of Amendment to Articles of Incorporation of

3/6

TELESCO ASSOCIATES, INC.

(Name o	f Corporation as current	<u>y filed with the Florida I</u>	Dept. of State)	
P96000069126				
	(Document Number o	f Corporation (if known)	<u> </u>	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporatio	n adopts the following amends	nent(s) to
A. If amending name, enter the new na	me of the corporation:			
			The	PW .
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	'Co". A professional cor	orporated" or the abbreviation poration name must contain to	on he
3. Enter new principal office address,	if applicable:			
Principal office address MUST BE A S				-
				-
		<u> </u>	# -	-
C. Enter new mailing address, if appli	cable:			
(Mailing address MAY BE A POST)				_
•				
			<u> </u>	_
				_
D. If amending the registered agent an			name of the	
new registered agent and/or the nev				
Name of New Registered Agent	THOMAS J. TELESCO.	R.		
	86 NE 109 STREET			
	(Florida st	rect address)		
	MIAMISHORES		33161	
New Registered Office Address:		, Canada	, Florida	-
		(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agen	<u>t:</u>		
hereby accept the appointment as regist	tered agent. I am familiar	with and accept the obliga	tions of the position.	
	rayor ()	July		
	Signature of Nw	Registered Agent, if chang		= T1

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)	Title	<u>Name</u>	<u>Addres</u> s	
1) Change	PS	THOMAS J. TELESCO SR.	9925 East Bay Harbor Dr.	
Add			Bay Harbor Islands, FL 33154	
X Remove				
2) Change	PSTC	THOMAS J. TELESCO JR.	86 NE 109 Street.	
X Add		-	Miami Shores, FL 33161	
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change				
Add				
Remove			·····	
5) Change				
Add				
Remove				
б) Change				
Add		3		
Remove				

If amending or adding additional Arti- Attach additional sheets, if necessary).	(Be specific)			5
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		-	<u> </u>	
	<u>-</u>	-		
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	+. <u></u>			
If an amendment provides for an exch	ange, reclassification	n, or cancellation o	fissued shares,	
provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not contai	ned in the amendm	ent itself:	
				
				
		_ .		
			=	

The date of each amendment(s)	adoption:	, if other than the
dote this document was signed.		ı
Effective date if applicable:		<i>\</i>
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a by the shareholders was/were:	dopted by the shareholders. The number of votes cast for the amendme sufficient for approval.	ent(s)
	oproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ement
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
	dopted by the board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	Γ
. X Dated	1/1/2018	
Signature	apare July RA	
	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other of	
	nted fiduciary by that fiduciary)	
	NORMAN PAUL	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	