

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000239592 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Döing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From

Account Name : SWART BAUMRUK & COMPANY, LLP

Account Number : 120000000291 Phone

: (407) 847-7466

Fax Number : (407)847-6641

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN ALL PRO COLLISIONS INC.

Certificate of Status Certified Copy 0 Page Count 05 stimated Charge \$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

kie Kennedy	Fax: (806) 695-0896		Fax: (850) 517-6380 Page 2 pt 5 09/08/2017 11:04 AM	
one number	. 4 (400, 510 6000	(((H17000239592 3))) 17 SEP -6 AM 8: 30		
		Articles of Amendment		
		Articles of Inc	orporation के त्रिक्ष के किया के अपने किया के orporation of the contract of t	
		All Pro Collis	ions Inc.	
	(Name of	Corporation as currenti	v filed with the Florida Dept. of State)	
		P9700000		
		(Document Number of	Corporation (if known)	
	to the provisions of section 607.1 es of Incorporation:	006, Florida Statutes, this	Florida Profit Corporation adopts the following amendmen	
A. If an	neading name, enter the new nar	ne of the corporation:		
_ G &	Y Enterprises, Inc.		The new	
"Corp.,"	nst be distinguishable and conto ""Inc.," or Co.," or the designa hartered," "professional associati	tion, "Corp," "Inc," or "		
B. Enter new princip	r new principal office address, if al office address <u>MUST BE A ST</u>	applicable:	916 E. Osceola Parkway	
	er office maarens woods was inter-			
(= * * * * * * * * * * * * * * * * * * *	•	,	Kissimmee, FL 34744	
(= : : : : : : : : : : : : : : : : : : :		, 	Kissimmee, FL 34744	
			Kissimmee, FL 34744	
C. Ento	er new mailing address, if applic ling address <u>MAY BE A POST O</u>	able:	Kissimmee, FL 34744 916 E. Osceola Parkway	
C. Ento		able:	916 E. Osceola Parkway	
C. Ento		able:		
C. Ento		able:	916 E. Osceola Parkway	
C. Ente (Mai	ling address <u>MAY BE A POST O</u>	able: FFICE BOX)	916 E. Osceola Parkway Kissimmee, FL 34744	
C. Ente (Mai	ling address <u>MAY BE A POST O</u>	able: FFICE BOX)	916 E. Osceola Parkway Kissimmee, FL 34744	
C. Ente (Mai	ling address <u>MAY BE A POST O</u>	able: FFICE BOX)	916 E. Osceola Parkway Kissimmee, FL 34744	
C. Ente (Mai	ling address MAY BE A POST O	able: FFICE B()X) for registered office address	916 E. Osceola Parkway Kissimmee, FL 34744 Coss in Florida, enter the name of the	
C. Ente (Mai	ling address MAY BE A POST O	able: FFICE BOX) for registered office address registered office address	916 E. Osceola Parkway Kissimmee, FL 34744 Coss in Florida, enter the name of the	
C. Ente (Mai D. If an new	ling address MAY BE A POST O	able: FFICE BOX) for registered office address registered office address	916 E. Osceola Parkway Kissimmee, FL 34744 ress in Florida, enter the name of the	
C. Ente (Mai D. If an new	iling address MAY BE A POST Of the registered agent and registered agent and/or the new Name of New Registered Agent	able: FFICE B()X) For registered office address	916 E. Osceola Parkway Kissimmee, FL 34744 Coss in Florida, enter the name of the kway eer address)	

Signature of New Registered Agent, if changing

Page 1 of 4

(((H17000239592 3)))

Fax: (866) 695-0896

To: 8506176380@rcfa4.con Fav: (850) 617-6380

Page 3 of 5 09/96/2017 11:04 AM

(((H17000239592 3)))

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)

Pleasa 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:	77E, WILL 1741			
X Change	PI	John Doc		
X Remove	<u>v</u>	Mike Jon	 <u>ds</u> 	
_X Add	<u>\$v</u>	Sally Sm	 <mark>ith</mark> -	
Type of Action (Check One)	Title	- 3	Name	Address
() Change			<u> </u>	
Add				
Remove				
2) Change				
Add				
Remove				<u> </u>
3) Change				·
Add				
Remove				
4) Change				
Add				
Remove				
5) Clauge				
Add				· ————————————————————————————————————
Remove				
6) Change				
Add		-		
Remove				

Page 2 of 4

(((H17000239592 3)))

(((H17000239592 3)))

i	***
E. If amending or adding additional Article	es, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
Please change the address for the	Officer/Director Detail:
George Gonzalez, 916 E. Osceola	Parkway, Kissimmee, FL 34744
Yvette Gonzalez, 916 E. Osceola	Farkway, Kissimmee, FL 34744
1	
K. If up amondment around on for an evolution	see, reclassification, or cancellation of issued shares,
provisions for implementing the amend	inent if not contained in the amendment itself;
(if not applicable, indicate N/A)	
 	
	Phon 2 of 4

Page 3 of 4 (((H17000239592 3))) To: 8506175380@rcfa+.con Fax: (850) 517-5380 Page 5 of 5 09/06/2017 11.04 AAI

	(((H17000239592 3)))
The date of each amendment(s) adoption date this document was signed.	if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this block d document's effective date on the Departme	oes not meet the applicable statutory filing requirements, this date will not be listed as the put of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient	
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders through voting groups. The following statement oiting group entitled to vote separately on the amendment(s):
"The number of votes cust for the	amendment(s) was/were sufficient for approval
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
,	(voting group)
☐ The amendment(s) was/were adopted b action was not required.	y the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted b action was not required.	the incorporators without shareholder action and shareholder
Dated August 29,	2017
Signature Signature	Rule Gon
selected(by a	president or other officer (X directors or officers have not been incorporator —) if in the hards of a receiver, trustee, or other court iciary by that fiduciary)
	 Yvette Gonzalez
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)
	(Title of parson ingring)
• •	
	1

Page 4 of 4

(((H17000239592 3)))