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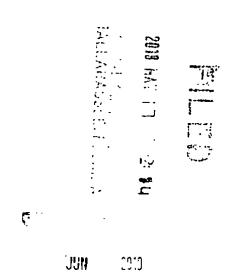
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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: _ALL STATE HOMES, INC. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **BRENDA SLATER** Name of Contact Person ALL STATE HOMES, INC. Firm/ Company 11300 N CENTRAL AVE Address TAMPA, FL 33612 City/ State and Zip Code BSLATER@ALLSTATEHOMES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; __at (813 ____) 933-6561 _____ Area Code & Daytime Telephone Number **BRENDA SLATER** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & ■ \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ALL STATE HOMES, INC.	
(Name of Corporation	as currently filed with the Florida Dept. of State)
P97000079947	2019 1 A 1 1 7 2: BL
(Docume)	n Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Sits Articles of Incorporation:	tatutes, this Florida Profit Corporation; adopts the following; amendmen
A. If amending name, enter the new name of the corp	opration:
	Thenew
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)
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 of	fice address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	tered Agent: am familiar with and accept the obligations of the position.
Thereby accept the appointment as regulared agent.	
C:	ure of New Registered Agent, if changing
Signat	are of then regimered rigent, if changing

address of each Officer (Attach additional sheets, Please note the officer/di, P = President; V = Vice Executive Officer; CFO held, President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove	and/or D if necess rector titl President = Chief I r, Directo lin the for	irector being added: ary) e by the first letter of the ; T= Treasurer; S= Sec. Financial Officer. If an or would be PTD. Illowing manner. Curren orporation, Sally Smith	office title: retary; D= Director; TR= 1 officer/director holds more ally John Doe is listed as the	Trustee; C = Chairman or Clerk; CEO = Chief than one title, list the first letter of each office PST and Mike Jones is listed as the V. There is a should be noted as John Doe, PT as a Change.
Example: X Change	<u> </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>	Name		<u>Addres</u> s
	EVP	DAWN JORI) PAN	11300 N CENTRAL AVE
1) Change X Add				TAMPA, FL 33612
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	. 1 			
Add				
Remove				

If amending or adding additional Articles, ente (Attach additional sheets, if necessary). (Be spec	cific)
-	
-	
. If an amendment provides for an exchange, rec	classification, or cancellation of issued shares.
provisions for implementing the amendment is (if not applicable, indicate N/A)	f not contained in the amendment itself:
(y nor appaeaoie, maieae 1971)	

•	
The date of each amendment(s) adoption:date this document was signed.	, if other than the
5/01/2019	
Effective date if applicable:	
(no m	ore than 90 days after amendment file date)
Note: If the date inserted in this block does not meet document's effective date on the Department of State's	the applicable statutory filing requirements, this date will not be listed as the records.
Adoption of Amendment(s) (CHECK C	$\frac{\partial NE}{\partial t}$)
☐ The amendment(s) was/were adopted by the shareho by the shareholders was/were sufficient for approva	lders. The number of votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareh must be separately provided for each voting group of	olders through voting groups. The following statement entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by	
(voting gro	<i>μρ)</i>
 The amendment(s) was/were adopted by the board of action was not required. The amendment(s) was/were adopted by the incorporaction was not required. 	
MAY, 14, 2019 Dated	
Signature (By a director, president or selected, by an incorporate appointed fiduciary by that	other officer – if directors or officers have not been or – if in the hands of a receiver, trustee, or other court fiduciary)
STEVEN A HANS	SENN
(Typed	or printed name of person signing)
PRESIDENT	
	(Fitle of person signing)