

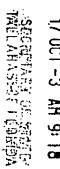
(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Sasiness Linky Marile)			
(Document Number)			
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CCT 0 2017 R. WHITE



September 27, 2017

CAROLE GIANQUITTO 236 SWAINS POND AVE MELROSE, MA 02176

SUBJECT: ABLAZE PROPERTIES INC.

Ref. Number: P99000089148

We have received your document for ABLAZE PROPERTIES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign corporation, but your entity is a Florida corporation. Please complete and return the enclosed blank form(s).

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.

Letter Number: 217A00019576

Rebekah White Regulatory Specialist II

www.sunbiz.org

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Relecca 850 245 6897 FAX 55 heats

COVER LETTER

TO: Amendment Section Division of Corpora	ations		
NAME OF CORPORA	TION: <u>Ablay</u> R: <u>1990000</u>	e Cropert	ies Inc
DOCUMENT NUMBE	R: <u>1990000</u>	89148	
	Amendment and fee are su		
Please return all corresp	ondence concerning this man	tter to the following:	
	CAROLE	Name of Contact Person	<i>tto</i>
-	ABLAZE	Firm Company	S INC
_	236 SW	Address	/ AVC
_	ME In	ose M	A 62176
	E-mail address: (to be us		
•	Contact Person		de & Daytime Telephone Number
	the following amount made		
S35 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)
	ng Address dment Section		Address Iment Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

1	
Articles of Articles to	mendment FILED
Articles of Inc	orporation 7 OCT -3 AM 9: 18
ABLAZE PROPERTIE	
(Name of Corporation as current)	of filed with the Worlds Dept. of State)
990000 59118 (Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
•//	The now
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered." "professional association," or the abbreviation ""	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	MA
D. If amending the registered agent and/or registered office address: Name of New Registered Agent Name of New Registered Agent	
(Florida stre	·
New Registered Office Address:	Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(City)

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.

X Change	PT Joh	on Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>ŞV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1)Change	VP	ANTHONY	MARZINI 2421 LAKE YON COAST
X Add		,	HE ! H
Remove			MAR 2111 2421 LAKE Pan COAST. # 1 H MIAMI BEACH FL 33140
2) Change			
Add			
Remove			
3) Change	 		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

ttach additional sheets, if necessary).	(Be specific)	
	/	
	<i>N_A</i> _	
		
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an amendment provides for an exc	lange, reclassification, or cancella	tion of panea spares,
rovisions for implementing the am	indment if not contained in the am	endment itsett:
(if not applicable, indicate N/A)	,	
	NX	
	- , , ,	

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	/	
Silective date in appareaut.	(no more than 90 days after amen	dment file date)
Note: If the date inserted in this b document's effective date on the De		ng requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes ficient for approval.	cast for the amendment(s)
	roved by the shareholders through voting group each voting group entitled to vote separately or	
"The number of votes cast	For the amendment(s) was/were sufficient for ap	proval
by	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without sharehold	ler action and shareholder
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder as	ction and shareholder
Dated	10/3/17 101. Hean But	
(By a di selected	rector, president or other officer – if directors o l, by an incorporator – if in the hands of a received ed fiduciary by that fiduciary)	
	CAROLE GIAL	vau: +to
	(Typed or printed name of person signal of the control of the cont	gning)
	(Title of person signing)	