## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN **AUTOMATI - CLEAN, INC.**

Certificate of Status 0 Certified Copy Ô Page Count 03 Estimated Charge \$35.00

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| 2010 APR 23                           |     |
| ZOIO APR 23 AM 9: 25 TALLAHASSE OF ST | 9   |

**Articles of Amendment** 

| •   | Articles of Inco                           | rporation                   | TALLAHASSEE<br>of State | 3 AH 9:29            |
|---|--|-----------------------------|-------------------------|----------------------|
| AUTOMAT   | ri-clean, in                               | 1C.                         | TSSEE                   | FISTATE              |
| (Name of Corporation as cu  | rrently filed with t                       | he Florida Dept.            | of State)               | -ONIOZ               |
| P0500013  | 39302                                      |                             |                         |                      |
| (Document N   | umber of Corporati                         | on (if known)               |                         |                      |
| Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation                |  | es, this <i>Florida I</i>   | Profit Corporation      | adopts the following |
| A. If amending name, enter the new name   | of the corporation                         | 16                          |                         |                      |
| name must be distinguishable and contain  | LITY SERVIC                                |                             | om." on "Income         | The new              |
| abbreviation "Corp.," "Inc.," or Co.," or t<br>name must contain the word "chartered," "p                 | he designation "Co                         | orp," "Inc," or "(          | Co". A profession       | nal corporation      |
| B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS) |  | 16506 Poi                   | nte Village             | _Drive, #201         |
|   |  | Lutz, FL                    | 33558                   | . "                  |
| C. Enter new mailing address, if applicab<br>(Mailing address MAY BE A POST OF)                           | <u>le:</u><br>FICE BOX)                    | 16506 Poi                   |                         | Drive, #201          |
| D. If amending the registered agent and/o<br>new registered agent and/or the new re                       | r registered office<br>eistered office Add | address in Floric<br>Iress: | la, enter the name      | of the               |
| Name of New Registered Agent:   |  | <del></del>                 |                         |                      |
|   | 16506 Poin                                 | te Village                  | Drive, #20              | 1                    |
| New Registered Office Address:  | (Flori                                     | da street address)          | 1                       |                      |
|   | Lutz,                                      |                             | , Florida_3             | 3558                 |
|   | (City)                                     |                             | (Zip Code)              | =                    |
| No. 20 - 2-4 A courte Champana if about   | alaa Donistanad A                          | and.                        |                         |                      |

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

| <u> Titie</u>                          | Name  | <u>Address</u>   | Type of Actio                              |
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| H un e                                 | mendment avoyides for an exch   | ongo melossification or consollo   | ian of issued shows                        |
| provisi                                | mendment provides for an exchions for implementing the amendate applicable, indicate N/A) | ange, reclassification, or cancella<br>dment if not contained in the amo | tion of issued shares,<br>inducent itself: |
| provisi                                | ons for implementing the amen   | ange, reclassification, or cancella<br>dment if not contained in the amo | ion of issued shares,<br>indment itself:   |
| provisi                                | ons for implementing the amen   | ange, reclassification, or cancella<br>dment if not contained in the amo | tion of issued shares,<br>inducent itself: |

| The date of each amendment(s) adoption:   | April 15, 2010   |
|---|--|
| •   | (date of adoption is required)   |
| Effective date if applicable:   |  |
| (no more tha  | an 90 days after amendment file date)  |
| •   |  |
| Adoption of Amendment(s)  | CHECK ONE)   |
| The amendment(s) was/were adopted by by the shareholders was/were sufficient to | the shareholders. The number of votes cast for the amendment(s) for approval.  |
| The amendment(s) was/were approved by must be separately provided for each vol  | y the shareholders through voting groups. The following statement ting group entitled to vote separately on the amendment(s):  |
| "The number of votes cast for the an  | nendment(s) was/were sufficient for approval   |
| by  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
| (voting group   | p)   |
| action was not required.  | the board of directors without shareholder action and shareholder the incorporators without shareholder action and shareholder |
| action was not required.  |  |
| Dated April 23,   | 2010   |
| Signature(By a director, pr   | esident or other officer - if directors or officers have not been  |
|   | corporator If in the hands of a receiver, trustee, or other court may by that fiduciary)                                       |
|   | n C. Floyd   |
|   | (Typed or printed name of person signing)  |
| Pres  | ident  |
| (Tit  | le of person signing)  |